

# **PASSAGES**

## *Guidelines for Flexible Funds*

### **Overview**

Up to \$400 flexible fund is available per young person to assist him/her in obtaining services or resources necessary for a successful transition into adulthood.

### **Guidelines**

All requests for flexible funds must include the young person's unique client identifier and the purpose for which the fund is intended.

Examples of *acceptable* uses of funds:

- One-time deposit and/or first month rent
- Utilities
- Job-related tools or uniforms
- Furniture or personal items
- Transportation (bus passes, vehicle repair, etc.)
- Traditional healing ceremonies / tribal rituals

Examples of *unacceptable* uses of funds:

- Movies or entertainment of any kind
- Court fines
- Non-academic extracurricular registration fees

### **Process**

1. Fill out the attached form.
2. Gather the appropriate signatures / approvals – youth, Transitional Facilitator, and Supervisor.
3. Disburse the necessary funds.
4. Within 7 days, fax the form to DSAMH Attn: Ming Wang at 801-538-9892 for review. DSAMH will retain all forms with the contract monitoring records for your site. They will communicate with the Supervisor only in the event of any concerns.

### **Other**

Prior approval is required for special disbursement circumstances arise (e.g., requests over \$400). The decision will be made by the PASSAGE Grant Project Director on a case-by-case basis.

**PASSAGES**  
*Application for Flexible Funds*

Site:  San Juan  
 Tooele

Date Funds Requested: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Youth Name and Unique ID: \_\_\_\_\_

Purpose of Funding: \_\_\_\_\_

\_\_\_\_\_

Other Funding Options Explored: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will these funds help you in accomplishing your goals and reaching adulthood?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conditions for Eligibility:

- Participation in NOM data collection
- Involvement in treatment plan development
- Meaningful involvement in services
- Receiving education on money management

Youth Signature: \_\_\_\_\_

CMHC Transitional Facilitator Signature: \_\_\_\_\_

CMHC Supervisor Approval Signature: \_\_\_\_\_

Date Application Faxed to DSAMH: \_\_\_\_\_

DSAMH Approval Signature: \_\_\_\_\_