

MENTAL HEALTH PROGRAM

NCSO employees frequently encounter stressful and traumatic situations, which can affect employees as well as their family members. The Mental Health Program makes additional therapy sessions available, for free, to employees (and their immediate family members) who have reached their annual limit on such sessions through Claremont EAP or their health insurance; or to employees who pay for non-network therapy sessions out-of-pocket.

Who is eligible?	<ul style="list-style-type: none"> • Current full-time NCSO employees, both sworn and unsworn. • The spouse or registered domestic partner of current, full-time NCSO employees. • The dependent children (under age 26) of current, full-time NCSO employees.
What help is available?	<ul style="list-style-type: none"> • The Napa County Sheriff's Office First Responders Fund will pay for up to 20 additional therapy sessions annually, with a lifetime cap of \$15,000.
Will all applications be approved?	<ul style="list-style-type: none"> • While funding is not guaranteed, the goal is to support all qualified employees seeking this additional benefit.
How do I apply?	<ul style="list-style-type: none"> • To apply for assistance, <u>ask your therapist</u> to complete the attached Application then have your therapist submit it by email to NCSOFund@napavalleycf.org • Note: if your application is for a family member, you must complete the Family Member Addendum in addition to having your partner or child's therapist complete the Application. Both can be submitted by email to NCSOFund@napavalleycf.org
What else do I need to know?	<ul style="list-style-type: none"> • By asking your therapist to complete the attached Application, you are authorizing them to disclose your NCSO badge/identification number, and the other information shown on the Application, to Napa Valley Community Foundation (NVCF). • Your badge/ID and your other information will be used solely for the purpose of verifying your eligibility (and/or your family member's eligibility) for this program and <u>will not be disclosed</u> to any NCSO employee or supervisor. • NVCF is a nonprofit whose staff are bound by legally enforceable confidentiality and non-disclosure agreements. If you are applying for yourself, they will <u>not</u> know your name.

APPLICATION FOR MENTAL HEALTH PROGRAM

PROVIDER NAME _____ CA DCA LICENSE # _____

OFFICE ADDRESS _____

CELL _____ EMAIL _____

The Napa County Sheriff's Office First Responders Fund is a charitable program managed by Napa Valley Community Foundation. The Fund will issue payment on a monthly basis to providers, upon receipt of an invoice showing session hours completed on behalf of their NCSO client(s), or clients who are the immediate family members for NCSO staff, at a rate of up to \$175 per hour, up to a yearly maximum of \$3,500 (or 20 hours of therapy) per NCSO client.

This application is for: (check one)

- ☐ NCSO staff ☐ NCSO staff's spouse or registered domestic partner
☐ NCSO staff's dependent child (must be under the age of 26)

Has your client provided consent to share their badge/identification no.? ☐ Yes ☐ No

Please share NCSO 6-digit badge/identification number: _____

How many sessions have you had with your client in the last 12 months? _____

Who pays for your services?

- ☐ Claremont EAP ☐ Health Insurance ☐ Client (out-of-pocket)

For clients whose sessions are billed to Claremont EAP or health insurance:

To the best of your knowledge, has your client reached their annual limit on therapy sessions covered by Claremont EAP or health insurance? ☐ Yes ☐ No

Do you believe that your client would benefit from additional sessions? ☐ Yes ☐ No

CLINICIAN AGREEMENT AND AUTHORIZATION

I certify that the information provided in this application and any attachments to it are true and correct as of the date set forth below. My signature authorizes Napa Valley Community Foundation (NVCF), a nonprofit organization that holds and manages the Napa County Sheriff's Office First Responders Fund, to verify all the information I have provided in or with this application and any attachments thereto, so that it may fairly and lawfully review the application for assistance. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this application and exclusion from future payments from the Fund. I also understand that any such action by me constitutes fraud, for which I may be liable via civil or criminal action. In addition, I understand that I am not legally entitled to receive payment from the Fund unless and until this application is approved. In this regard, I acknowledge that Napa Valley Community Foundation shall not be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or losses incurred by me in connection with, the approval or disapproval of this application or for anything NVCF may do or refrain from doing in good faith.

Signature

Date

SUBMISSION INSTRUCTIONS

In order for this application to be considered, and to receive compensation under this program if the application is approved, please complete an IRS W9 [Form](#) and return it with this completed application by email to NCSOFund@napavalleycf.org.

FAMILY MEMBER ADDENDUM

EMPLOYEE NAME _____ NCSO BADGE/ID# _____

HOME ADDRESS _____

CELL _____ EMAIL _____

In order to lawfully provide support to family members who are not NCSO employees, Napa Valley Community Foundation must assess the financial situation of your household. We recognize that what we are asking you is deeply personal and will never disclose what you share in this Addendum with any other party.

Support for family members is limited to employees whose household income is at or below 200% of Napa County Area Median Income (AMI), based on family size, per the table below. Based on publicly available salary information, there are very few NCSO employees whose family members are likely to be ineligible for support from this program.

	Area Median Income (AMI) for Napa County, 2023							
Household Size	1	2	3	4	5	6	7	8
AMI	\$ 90,700	\$ 103,700	\$ 116,650	\$ 129,600	\$ 139,950	\$ 150,350	\$ 160,700	\$ 171,050
200% of AMI	\$ 181,400	\$ 207,400	\$ 233,300	\$ 259,200	\$ 279,900	\$ 300,700	\$ 321,400	\$ 342,100

This application is for: (check one)

☐ Spouse/Registered domestic partner ☐ Dependent child (under age 26)

What was your total household income last year? Please enter the amount shown on last year's IRS Form 1040, line 8(b), Adjusted Gross Income: \$ _____

Please tell us about your household by filling in the table, below.

Name(s) of other people in your household	Relationship to you <i>(for example: child, spouse, roommate, other family)</i>	Age	Occupation

EMPLOYEE AGREEMENT AND AUTHORIZATION

I certify that the information provided in this grant application and any attachments to it are true and correct as of the date set forth below. My signature authorizes Napa Valley Community Foundation (NVCF), a local nonprofit organization that holds and manages the Napa County Sheriff's Office First Responders Fund, to verify all the information I have provided in or with this grant application and any attachments thereto, so that it may fairly and lawfully review my application for assistance. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application and exclusion from future grants from the Fund. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action. In addition, I understand that I am not legally entitled to receive a grant from the Fund, and that the decision on any grant request is in the complete and sole discretion of NVCF. In this regard, I acknowledge that Napa Valley Community Foundation shall not be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or losses incurred by me in connection with, the approval or disapproval of the grant requested in this application or for anything NVCF may do or refrain from doing in good faith.

Signature

Date

SUBMISSION INSTRUCTIONS

In order for this application to be considered, please print, sign and submit it by email to NCSOFund@napavalleycf.org along with a copy of page 1 of your completed IRS Form 1040 from last year.