



HUGS Foundation Application

Date Received: _____ Action: _____ Amount of Money: _____

Referring Clinician Information:

Referring Clinician: _____ License Number: _____

Agency: _____

Address: _____

Phone: _____ Office _____ Mobile _____ Fax: _____

Email: _____

Client's Name: _____ Age: _____

Parental/Caregiver Information:

Name: _____

Address: _____

Phone: _____ Home _____ Mobile _____ Work _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Home _____ Mobile _____ Work _____

Email: _____

Funds Information:

Total Amount Requested: \$ _____

Purpose: _____ Treatment _____ Room and Board _____ # of Months (if a Sober Living Facility)

Other (explain in detail)

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Where are funds to be sent?

Name: _____

Address: _____

City, State, Zip: _____

Client Information:

Please include the following, where does client live, who provides financial support, insurance coverage (if any), current employment, school.

Substance Use Disorder diagnosis and impressions: (if Opioid Use Disorder, have you verified family possession of Naloxone/Narcan overdose kit?)

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Client Information (con't)

Mental Health Disorder Diagnoses, treatment, impressions:

Treatment History and response to date:

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Client Information (con't)

Client's motivation to accept recommended treatment:

Family/Parental Behaviors: Please include level of involvement in current/previous treatments; personal recovery participation, such as counseling, support groups (Al-Anon, Families Anonymous, Nar-Anon); and any significant changes the family has made in response to the addiction experience (i.e. is the home alcohol and drug-free, examples that enabling- controlling behaviors have stopped).

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Client Information (con't)

Parental Financial Support: *If the young person is over 18 years old, please detail family's financial support. Is the young person dependent upon family financially for housing? Any other expenses related to young person becoming independent (i.e., schooling, medical needs)?*

What else would you like the HUGS Foundation to know about this young person and family?

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Client Information (con't)

Facility/Program Recommended for Client:

Please include verifying information about the facility (*i.e. a brochure, a website, a contact name and phone number. Treatment facilities must be licensed. It is the responsibility of the referring clinician to verify the legitimacy and appropriateness of any sober living or halfway house.*

Website Address _____

Contact Name _____

Phone Number _____ Fax Number _____

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HUGS Foundation Application Checklist

When you consider applying to HUGS:

- ✓ Have you viewed the HUGS website?
- ✓ Are you familiar with the HUGS mission to support families in recovery?
- ✓ Do the parents meet these two criteria?
 1. Parent/family recovery participation (in family treatment services, in support groups)
 2. A plan to “pay it forward”

The application MUST be complete, and include:

- ✓ Client’s age 13-24
- ✓ Application must be completed by licensed clinician (licensed to diagnose and treat substance use disorders) who is familiar with the client and family.
- ✓ Information about treatment program must be complete:
 - » Referring Clinician’s name
 - » Clinician’s license number
 - » Phone, fax, email
- ✓ Instructions for disbursement of funds. If request is for more than one month, an update on client’s progress must be received before check will be sent.
- ✓ Information about client and family must be case specific.

A complete application must be submitted online to hugs@hugs4families.org and include:

- ✓ Application about client and family situation
- ✓ Signed Release authorizing HUGS to release the information
- ✓ Separate letter from parents to be completed and submitted online
 - **Application will not be reviewed unless all three documents above are received**

It is the responsibility of the Referring Clinician to verify the legitimacy of the sober living facility.

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