

Recovery Works Technology Funding Assistance Application

Facility:

Date:

Address:

Amount Requested:

Contact Person:

of Persons in Facility:

Partnering Mental Health Agencies:

*In an effort to assist with the unique needs presented by COVID-19, Recovery Works is willing to assist correctional facilities that have existing partnerships with mental health agencies that have provided services to Recovery Works consumers within the facility with payments for equipment necessary to ensure the successful transmission of tele-health services. **Please fill out the application in full and attach any documentation that would justify the requested funds, including a budget, itemized list, proof of cost, and/or cost analysis.***

Statement of Need:

**PLEASE INCLUDE ALL FINANCIAL DOCUMENTATION AND SUBMIT TO
RECOVERY.WORKS@FSSA.IN.GOV
WITH THE SUBJECT "REQUEST FOR TECHNOLOGY FUNDING"**

For Office Use Only:

Approved

Partially Approved

Denied

Reason for Decision: