



**Facilitating Student Access to Pediatric Behavioral Health Urgent Care  
Grant Application  
COVER SHEET**

**DEFINITIONS**

- **Eligible Applicant** - a behavioral health organization, either a CBHC or a MBHUCP
- **School Partner** – school, school district, school-based health center, or similar entity
- **Partnership** – the collaborative entity formed by the Eligible Applicant and School Partner working together to meet the goals of this grant.

**A. GENERAL INFORMATION**

**1. For the ELIGIBLE APPLICANT:**

Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Name of Director/CEO: \_\_\_\_\_  
Primary Contact for this RFR: \_\_\_\_\_  
    Title: \_\_\_\_\_  
    Phone number office: \_\_\_\_\_  
    Phone number direct: \_\_\_\_\_  
    Email address: \_\_\_\_\_  
    Secondary email address (optional): \_\_\_\_\_

**Please check all that apply:**

\_\_\_\_\_ Applicant has been selected as a designated Community Behavioral Health Center (CBHC) pursuant to the RFR issued Feb. 1, 2022, by the MA Executive Office for Health and Human Services (EOHHS).

\_\_\_\_\_ Applicant has been approved and designated as a MassHealth Behavioral Health Urgent Care Program (MBHUCP) entity pursuant to the MassHealth Urgent Care Attestation Process.

**2. For the SCHOOL PARTNER:**

School Entity Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact for this RFR: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number office: \_\_\_\_\_

Phone number direct: \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary email address (optional): \_\_\_\_\_

**3. For the PARTNERSHIP:**

Please check all that apply and answer the questions about Partnership name, if applicable:

\_\_\_\_\_ The Partnership is an existing collaboration.

It operates under the name: \_\_\_\_\_

\_\_\_\_\_ A new Partnership is being formed in response to this RFR.

It will operate under the name: \_\_\_\_\_