

TOOELE OPIOID RESPONSE NETWORK

Thank you for taking the time to refer your client to our emergency fund. The Tooele Opioid Response Network has established this fund to help people going through recovery by offering one-time emergency assistance for housing costs, childcare, medical assisted treatment, and other allowed services, up to \$300.

This fund is intended for people in active recovery who have no other funding sources available to them. Expenses will be paid directly through the Tooele Opioid Response Network. No funding will be given directly to the individuals. Upon receipt of this request by our office, we will contact the individual to verify eligibility and to arrange payment of requested expenses within five business days.

Referring Agency: _____
Your Name: _____
Your Title: _____
Your Phone Number: _____ Best Time to Contact You: _____
Your Email Address: _____

Client Information

Name: _____
Address: _____
Phone Number: _____ Email: _____

This program is limited to residents of Tooele County. Does this client live in Tooele County?

☐ Yes ☐ No

Is the client currently in recovery from substance use disorder?

☐ Yes ☐ No

Are you a non-family reference for this client?

☐ Yes ☐ No

My client's primary concern(s) are *(check all that apply)*:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Medical Assisted Treatment (MAT) | <input type="checkbox"/> Rent | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Cost of Reinstating Driver's License | <input type="checkbox"/> Childcare | <input type="checkbox"/> Phone Bill |
| <input type="checkbox"/> Application Fee for Housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Fees for Background Expungement | <input type="checkbox"/> Other <i>(please describe)</i> _____ | |

By submitting this application, the referring agent and client agree to be contacted by a TORN representative within 6-12 months to complete a follow-up survey.

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