NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

2025 ARPA Short Term Program
Behavioral Health and Substance Abuse Assistance Application

Native Village of Barrow tribal members may qualify for Behavioral Health and Substance abuse assistance funding, as well as Talk Space an online counseling application, under the ARPA program. To qualify, the applicant must be experiencing/ managing behavioral health concerns or facing substance abuse challenges. Assistance will be paid directly to the member (Talk Space is directly paid to the organizations); Talk Space matches people with specialized, licensed therapists based on their mental health needs and preferences. Enrolled Tribal Members 13+ who want access to virtual therapy, via Talk Space, for mental health support are encouraged to apply. Members must complete this application all the required documentation must be provided for the application process. This program is for all tribal members 13+; minors 13 and older may qualify with the authorization of a parent or legal guardian. Native Village of Barrow has the right to deny any application that may not meet the criteria of the program.

Applicant Information

Applicant Name: _____ **Today's Date:** _____

D.O.B: _____ **Tribal Enrollment #:** _____ **SSN:** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Is the applicant a minor ? ☐ Yes ☐ No

Applicant Parent/Legal Guardian Name: _____

Today's Date: _____**D.O.B:** _____ **SSN:** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Please state the assistance you are requesting:

- ☐ Talk Space application.
- ☐ Other, please explain below.

_____
_____
_____

Please attach a copy of the following documents:

Your government issued identification; any document that will confirm the request needed by the member.

For Talk Space- Your government issued identification for minors, please provide parent guardian issued ID, NVB will be in charge ton attached minor's affidavit to the application.

Substance abuse and Behavioral Health support [ARPA – SLFRF category 1.11 substance use services]

Eligibility and preferences – all NVB tribal members age13 and older.

a) Application process – Applicant must be enrolled to NVB as a tribal member, Member must fill out an application, and ROI for NVB to be able to work with other entities to support the members situation. The member will be required to provide proof of enrollment in the treatment program or facility. This may be in the form of a letter from the case manager and/or counselor.

b) The Substance abuse and Behavioral Health aid program allows the member to request assistance with, after treatment, housing, food, supplies, or personal supplies a member may need while or after treatment, and assistance with online counseling through Talk space.

Talk Space through Native Village of Barrow provides the following:

- (2) 30-minute Sessions a month
- Send/Receive text, video, and audio messages
- Guaranteed daily responses 5 days/week M-F
- Any additional live sessions will be the responsibility of the tribal member; however, our staff will be available to assist with questions regarding Talk Space, including finding a new therapist/provider.

c) Limited Funding: The program has a set amount of funding available, which also means limited availability of Talk Space accounts.

d) First Come, First Serve: Applications will be processed in the order they are received.

e) Program Closure: Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.

f) Talk Space will be provided till December 31, 2026, once the member qualifies; if the member is no longer in need of the Talk Space application, the member must notify Native Village of Barrow to proceed with cancellation and closure of their provided enrollment.

g) Application Approval: Applying does not guarantee approval; if funding is exhausted, applications will be denied.

h) Typical award and individual award limits – $750 per individual, maximum allowance may not exceed one-time assistance within the qualifying year. For Talk Space, one account per qualifying member.

i) Policy may be subjected to change in accordance with this grant's federal policies.

Financial Hardship Declaration

Have you experienced financial hardships associated with the COVID-19 pandemic that have created or increased the risk of:
☐ Homelessness ☐ Family Violence ☐ Death in family ☐ other.

Briefly describe your situation below: *Do not release sensitive or confidential details.*

_____

_____

_____

Checklist

It is the responsibility of the applicant to provide all documentation listed below.

For Talk Space

☐ Copy of government issued I.D., parent or legal guardian of minor must provide a copy.

For all other request

☐ A copy of a letter for upcoming, or current treatment.
☐ Copy of government-issued I.D.
☐ Copy of invoice or statement (if requesting reimbursement)
☐ NVB ROI or other ROI that may be required.

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Acknowledgements & Attestation

I understand that providing false information, acquiring federal funding with false pretense or not notifying the Native Village of Barrow of significant changes to my application are grounds for denial of any assistance and/or civil and criminal prosecution that may be conducted by the Native Village of Barrow.

By signing below, I hereby certify and attest that all the foregoing information and attached documents are true and correct, that I have read and reviewed the program's policy. I understand that signing below allows Native Village of Barrow to verify the information provided to take part in the ARPA Short-Term Program for Behavioral health and substance abuse .

_____ _____

Applicant Signature or legal guardian **Date**

_____

Applicant Printed Name

_____

Legal guardian's name

NATIVE VILLAGE OF BARROW OFFICIAL USE ONLY

_____ _____

Receiving Staff Signature **Date**

_____

Receiving Staff Printed Name

Approved: ☐ Yes ☐ No **Denial Communicated**: ☐ Yes ☐ No

Reason: _____

_____

ARPA Manager

_____

Finance Director

_____

Executive Director