

Columbus Area  
United Way



## Voucher Request Form

Community Response Mental Health Vouchers for Children,  
Youth, and Families

Please Send Platte, Colfax, Boone or Nance County Referrals (or Questions) to:

Community Response Navigation Assistant

**Phone:** 402-276-0378

**Email:** [rkabes@columbusunitedway.com](mailto:rkabes@columbusunitedway.com)

*Not Redeemable for Cash. Voucher **expiration date is within 3 months** of date on this Voucher Request Form. THE FIRST APPOINTMENT SHOULD BE SCHEDULED BY EXPIRATION.*

**Name of Youth Receiving Vouchers:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

*(As listed on CR Intake forms; THE FORMS MUST BE COMPLETED WITH THE PARENT AS THE CLIENT – PLEASE REVIEW TO MAKE SURE ALL QUESTIONS HAVE BEEN ANSWERED AND SIGNED AS APPROPRIATE)*

**Mental Health Provider (from approved list):** \_\_\_\_\_  
*(agency name not individual counselor)*

**Number of sessions requested:** \_\_\_\_\_ (maximum of 10 can be requested)

**Does family have insurance coverage for which company will be billed:** Yes No

**Does family have ability to contribute financially:** Yes No

If yes, state family contribution amount for each session: \_\_\_\_\_

**Referral made by (name/organization):** \_\_\_\_\_

**CR referral form for coaching submitted (MUST PROVIDE CR BROCHURE AND OFFER COACHING TO FAMILY; is okay if they refuse this part of the service):** Yes No

**Funded by:**



**Updated 5.17.22**