Confidential Request for Reimbursement

South Carolina Law Enforcement Critical Incident Assistance Fund

(Specifically for Care Provided Between July 1, 2016 – September 30, 2016)

2501 Heyward Street

Columbia, South Carolina 29205

Desk: 803-252-2664 Fax: 803-252-2841 Cell: 803-206-8961

Full Name: (Print)_____ Date of Today: _____

Date of Birth: _____ SSN: _____

Mailing Address:_____

Phones: (Personal Cell) _____ (Work Cell) _____

Email: (Personal) _____(Work) _____

Agency Where You Currently Work: _____

Did you lose any time from Work? Yes___ No___ Did you file for Workers Compensation? Yes__ No __

Date you expect to return to work? _____

Brief Description of Work Related Incident for which you sought care and for which you now seek reimbursement: (attach incident report and/or media report if available)

_____

_____

_____

_____

Licensed Mental Health Professional (MHP) Who Provided Your Care:

Name: _____

Address:_____

Phone/Email: _____

Date(s) I visited the MHP and for which I seek reimbursement:

_____

Signature of Submitting Officer: _____ Date: _____

(By my signature, I confirm that the information provided herein is true and I believe I am eligible for reimbursement under the guidelines of the 2016 SC Budget Proviso 62.23. My signature also serves as my permission for administrators of this fund to speak to my mental health professional(s) who provided my care as described in this document.)

Summary of Services for Which You Seek Reimbursement

Please provide a brief narrative explanation of the reimbursement you seek and **attach receipts from MHP.** This form may be submitted by mail and sent to SC Law Enforcement Critical Assistance Fund, 2501 Heyward Street, Columbia, SC 29205 or Faxed to 803-252-2841 or Emailed to: eskidmore@sled.sc.gov Note: All Mental Stress Management Benefit care for which you seek reimbursement must have taken place on or after July 1, 2016 and on or before September 30, 2016. **The mental health professional must certify that there is a direct connection between your work related incident and the services for which you are seeking assistance**. **Attach their signed certification to this request. This certification should be provided on the official letterhead of their office.**

Total Amount of This Request: $_____

Which Number Request:

_____: My First Request _____: My Second Request _____: My Third Request

_____: My Forth Request _____: My Fifth Request _____: My Sixth Request