



Instructions on Applying for a Counseling Grant

Be sure you meet our eligibility requirements:

- **You must earn your living as an entertainment technology professional.** Performing artists are not eligible. If you are unsure if you qualify, please contact grants@btshelp.org or 212-244-1421 prior to completing the application.
- **You must currently reside in the US or Canada**
- **You must have earned your living for at least five recent years in the entertainment technology industry.** This means that your major source of income is from your work in this industry, which includes being directly involved with a production-related craft:
 - Behind the scenes in any type of performance venue, or
 - Behind the camera, or
 - On the road, or
 - Work for companies who are directly involved in supplying entertainment technology products and services such as dealers, manufacturers, production companies, consultants, and design firms.

Final determination of eligibility is at the sole discretion of the Behind the Scenes Foundation.

What supporting documentation is required?

In addition to the completed application you must submit documentation of your industry earnings (see Page 3 for acceptable forms of documentation) and a current bank statement. **Your application will not be processed until all information is submitted.**

If you have any questions about your eligibility, or as you are completing the application and assembling the required supporting documentation, please contact grants@btshelp.org or call 212-244-1421.

An application may be submitted on behalf of an eligible person by a spouse or domestic partner, family member, legal guardian or a person acting under a valid power of attorney or other authority. In certain situations an application may be submitted by a close friend or colleague on behalf of the eligible person.

Completing the application:

All documentation must be provided in PDF format. If it is not, it will delay the processing of your application. You can easily scan your documents with your phone using a free app like Adobe Scan which is available in the App Store for iOS or Android.

The Counseling Grant Application is in Adobe Acrobat format. Acrobat Reader may be obtained free at <http://www.adobe.com>. Download the fillable PDF application and:

- Fill in digitally, save and email along with supporting documentation to grants@btshelp.org, or
- Print, complete, and mail to P.O. Box 368, Lakeville, CT 06039, or
- The form may also be obtained by calling 212-244-1421 or emailing grants@btshelp.org

How are applications reviewed and how quickly can I expect an answer?

Applications are reviewed by a formal Review Committee. Grant decisions are generally made within one to two weeks of receiving a completed application and all supporting documents (in a PDF format). If a grant is awarded, you will be contacted immediately to coordinate delivery of the grant.

Grants are issued directly to the recipient's self-selected provider, which must be a licensed social worker, psychotherapist, psychiatrist, mental health facility, emergency medical facility, or chemical dependency recovery facility.

Application for Counseling Grant

Mental Health and Chemical Dependency Counseling



Behind the Scenes is a 501(c)(3) charitable organization which provides to qualified Eligible Persons financial assistance for mental health counseling and treatment of chemical dependency. Grants may be used for seeing a licensed mental health professional including a social worker, psychotherapist, or psychiatrist; or entering a mental health, emergency medical, or chemical dependency recovery facility.

Eligibility requirements and instructions for applying for a Counseling Grant are shown on Page 1. Please read them carefully before beginning.

The Behind the Scenes Mental Health Initiative has many tools and resources available. Please visit btshelp.org/mentalhealth to learn more.

Date of Application: _____

Name of Eligible Person: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Occupation: _____ Preferred Pronouns: _____

If you are applying on behalf of an Eligible Person, please complete the information below:

Name of Applicant: _____

Relationship to Eligible Person (*you may be asked to provide documentation of relationship such as marriage certificate, birth certificate, proof of joint assets or joint obligations, proof of guardianship or power of attorney*):

Spouse Domestic Partner Child Legal Guardian Power of Attorney Other _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Information on Eligible Person

Eligible person is able to demonstrate having earned a living in the entertainment technology industry for at least 5 years.

Social Security / Social Insurance Number: _____ Date of Birth: _____

Sex: Male Female GenderFluid/GenderQueer/GenderVariant Non-Binary/Non-Conforming Trans Other

Marital Status: Single Married Domestic / Common Law Partner Divorced Widowed

List names, relationship and ages of all dependents:

Name	Relationship	Age

Additional Information

In order to aid the Review Committee in providing you with financial assistance, please feel free to share any additional thoughts:

Describe the current status of health care coverage including Medicare, Medicaid, or Employment Insurance Sickness Benefit, etc.: _____

Employment History

You must demonstrate that you have earned your living in the industry for a minimum of 5 years:

- If you are a union member, your local or pension plan should be able to provide you with a printout of your annual earnings or hours worked. Copies of your W-2s showing total annual earnings for each of 5 years are also acceptable.
- If you have full-time employment with a single employer, a copy of your annual W-2s or a letter from your employer attesting to your employment is acceptable.
- If you are a freelancer with some or all work that is non-union, please provide W-2s or 1099s showing total annual earnings from each of 5 years, and a resume if available.

Current Status: Full Time Free Lance Unemployed On Disability Unpaid Leave Retired

Current / Most Recent Employer: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____ Email: _____

Dates of Employment: _____

Position: _____

List all Union affiliations, past or present, and indicate whether currently active or inactive (please provide copy of active Union cards):

Monthly Income (as of _____, 20____)	
Your Monthly Earnings	\$
Monthly Earnings of Spouse or Domestic Partner	\$
Benefits: Unemployment / Disability / Pension / Social Security	\$
Other Income (<i>please specify</i>)	\$
Total Monthly Income	\$
Monthly Expenses (as of _____, 20____)	
Rent / Mortgage	\$
Car Payment <input type="checkbox"/> Owned <input type="checkbox"/> Leased	\$
Car Insurance	\$
Other Transportation Costs	\$
Health Insurance Premiums <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	\$
Loan Payments	\$
Utilities - Electric / Gas / Water / Garbage	\$
Telephone / Internet / Cable	\$
Child or Spousal Support	\$
Credit Card Payments	\$
Other Expenses (<i>please specify</i>)	\$
Total Monthly Expenses	\$

Assistance Requested

Please note that grants are paid directly to the mental health care provider or treatment program.

Please indicate what type of assistance you are applying for:

- I am looking to begin ongoing counseling with a mental health care professional
- I am looking to continue my existing ongoing counseling with a mental health care professional

Please tell us what the cost per session is and the frequency of the therapy sessions (if possible, please provide a copy of a previous bill): _____

- I am seeking to enter either an in-patient or out-patient chemical dependency recovery treatment program
- I am seeking seeking assistance with expenses incurred as a result of an inpatient emergency mental health event

If you already know the name of the mental health care provider or treatment program you wish to use, please enter their contact information below:

Provider: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Required Submissions *(please submit the following with this application)*

- Proof that you have earned your living in the entertainment industry for at least five years *(see page 4 for acceptable forms of documentation)*.
- Complete copy of your most recent bank statement. These must be complete statements, not screenshots.
- Signed Disclosure Agreement (page 7 of this application).

Are you being assisted by other charitable organizations?

Please indicate any organizations you have received assistance from or have recently applied to, who your contact is, how much assistance you received and when.

- AFC (Canada) - Contact: _____ Assistance: _____ Date: _____
- Entertainment Community Fund - Contact: _____ Assistance: _____ Date: _____
- Motion Picture & Television Fund - Contact: _____ Assistance: _____ Date: _____
- MusiCares - Contact: _____ Assistance: _____ Date: _____
- Will Rogers Foundation - Contact: _____ Assistance: _____ Date: _____
- Other *(please explain)*: _____ Assistance: _____ Date: _____

Disclosure Regarding Financial Assistance

The undersigned Applicant understands and agrees as follows:

1. Awards of financial assistance granted by the Behind the Scenes Foundation will be dispersed on a case-by-case grant basis. Any grant of financial assistance is not an agreement by the Behind the Scenes Foundation to provide the applicant with financial assistance for any period of time or in any amount other than that specified by the Behind the Scenes Foundation in its sole and absolute discretion at the time of the grant. Grants must start to be used within three months of award, subject to extension in the sole and absolute discretion of the Behind the Scenes Foundation.
2. The amount and conditions of the grant shall be determined at the sole discretion of the Behind the Scenes Foundation based, in part, upon the recommendation of a screening panel. The satisfaction of minimum eligibility standards does not guarantee grant approval for financial assistance. The Behind the Scenes Foundation does not discriminate based on race, religion, color, national origin, sex, sexual orientation, or political affiliation.
3. Applicants shall provide evidence of approved use of funds and the undersigned agrees to provide such evidence promptly. In the event funds are not used for the purposes stated in the Application, the Behind the Scenes Foundation reserves the right to demand and seek repayment of funds dispersed.
4. The Behind the Scenes Foundation reserves the right to condition any award or grant and at any time to modify the amount or terms of any financial assistance awarded or to terminate such financial assistance upon a change of either the grantee's or the Behind the Scenes Foundation's circumstances or the discovery of new information relevant to such financial assistance or this Application.
5. The undersigned hereby authorizes the Behind the Scenes Foundation (a) to communicate with the people and organizations listed in this Application or on supporting documentation to verify the information contained in this Application, (b) to share the Applicant's information contained in this Application with the AFC (Canada), Entertainment Community Fund, Motion Picture & Television Fund, MusiCares, Will Rogers Motion Picture Pioneers Foundation, or any of them; and (c) to conduct a credit investigation and obtain credit reports on the Eligible Person. The undersigned hereby authorizes the people and organizations listed in this Application or on supporting documentation and credit reporting agencies to release to the Behind the Scenes Foundation, and its duly authorized representatives, any information deemed necessary by the Behind the Scenes Foundation to complete its review of this Application. Specifically, the undersigned authorizes any insurance company, organization, employer, hospital, physician or pharmacist to release any information requested by the Behind the Scenes Foundation (or its representatives) with regard to medical treatment, dates of medical service, and medical condition to the Behind the Scenes Foundation and its representatives.
6. The undersigned understands that the Behind the Scenes Foundation may request additional documentation in support of this Application as proof of need.
7. The undersigned hereby certifies that they have answered the foregoing questions to the best of their ability, and that the information provided by the undersigned is true, complete and correct. The undersigned understands that any false or misleading information will disqualify the Eligible Person from receiving any financial assistance from the Behind the Scenes Foundation. In the event a grant has been made prior to the discovery of any such false or misleading information, the Behind the Scenes Foundation reserves the right to recover from the undersigned the funds previously granted and paid.
8. Information submitted or received in connection with this Application will be disclosed to and used by the Behind the Scenes Foundation and its Board of Directors and staff in evaluating the Application, and will be held confidential unless otherwise required by law.

Signature of Eligible Person or Applicant

Date

**Email to: grants@btshelp.org
or Mail to: Behind the Scenes, P.O. Box 368, Lakeville, CT 06039**

Please call 212-244-1421 with any questions