



Rita Cisneros Health and Wellness Fund Application

Name: _____

Address: _____

Email: _____

Phone: _____

-
1. Do you identify as a person with lived experience of mental health issues?

 2. What activity that supports your recovery will be addressed through the use of the Rita Cisneros Health and Wellness Fund?

 3. What other resources have you approached to help cover this expense?
 - a)
 - b)
 - c)

4. How will this activity promote your personal recovery? (100 words or fewer)

5. What else would you like us to know about you when making the decision about your application? (100 words or fewer)

Return via mail: PMHCA
4105 Derry Street
Harrisburg, PA 17111

Return via fax: 717-564-4708

Return via email: pmhca@pmhca.org

If you have any questions or concerns, please contact Kathy Quick at 717-564-4930 or Kathy@pmhca.org or email us at pmhca@pmhca.org.

Thank you!

Join us on the road to recovery.