

(563) 326-8723 Fax (563) 326-8730

May 16, 2011

TO: Dee F. Bruemmer

FROM: Lori A. Elam

Re: Mental Health Center Affiliation

Enclosed are two copies of the Community Mental Health Center Affiliation form which we must complete each year. Each county must indicate affiliation with a mental health center or request a waiver.

The Affiliation form serves two purposes. It assures Scott County will be eligible to receive Community Services dollars in FY2012. It also informs the Department of Human Services who in Scott County is designated to receive the Mental Health Center Block Grant dollars in FY2012. The Block Grant dollars have been used for two programs at VFCMHC. The first program is Supported Employment Services. The second program funded through the block grant is Parent/Child Interactive Therapy. VFCMHC is responsible for sending in a budget, quarterly financials and reports regarding achievements and progress.

Again the completion of this form is required for the county to receive state funds as well as for VFCMHC to receive the block grant funds. I have filled out the information requested, indicating that we are affiliated/contracting with the Vera French Community Mental Health Center. I will be available at the Committee of the Whole meeting to provide additional information if needed.

IOWA DEPARTMENT OF HUMAN SERVICES COMMUNITY MENTAL HEALTH CENTER AFFILIATION

Insert information in the blanks provided.

Name of County:ScottFiscal Year:2012

Chapter 225C.7(3) of the Code of Iowa requires, as a condition of eligibility for receiving Mental Health and Developmental Disabilities Community Services Fund dollars, that counties not currently affiliated with a community mental health center expend a portion of those funds to contract with a community mental health center. The MH/MR/DD/BI Commission may grant a waiver exempting a county from this requirement.

Enter the name and address of the community mental health center your county will affiliate or contract with during the fiscal year you indicated above. Please check either \Box affiliate or \Box contract. If this changes, we must be notified.

Vera French Community Mental Health Center 1441 W. Central Park Ave. Davenport, Iowa 52804

If your county is not affiliated or contracting with a community mental health center, complete the following information:

Will you request a waiver from the requirement of affiliation with a community mental health center?

_____Yes <u>X</u>No

If you are requesting a waiver, you must complete the "Waiver Request" (Form 470-0887) and submit both documents completed and signed by May 31, 2011 to the MHDS division of the Department of Human Services. The MH/MR/DD/BI Commission may grant the waiver if all criteria are met.

Signature of Chair, County Board of Supervisors

Date

Form 470-3040 (3/08)