



PFLAG Support Fund Application

The PFLAG Springfield Support Fund will provide financial support for LGBTQ+ people and/or their parents and family in order to access counseling or therapy services that they may not seek or be able to afford on their own. The goal of this support is to empower LGBTQ+ people and their families to create healthy and affirming homes.

Qualifying Individuals

- Any individual who is a part of a sexual orientation or gender minority group (LGBTQ+ person) and lives in Greene County, Missouri (if the individual is below the age of 18, permission from a parent/guardian is required).
- Parents (biological, foster, or adoptive), guardians, or caretakers of someone who is LGBTQ+.
- If seeking family counseling, siblings or other family who are residing in the same household as an LGBTQ+ person.

Eligible Expenses

- Funds from the PFLAG Support Fund can only be used to pay for counseling, therapy, or other mental health service sessions.
- Providers covered by PFLAG Springfield funds must demonstrate that they are affirming of all people, including LGBTQ+ people and people of color. This can be demonstrated by being listed on the GLO Center's Ozarks Inclusion Project website (<https://ozarksinclusionproject.org/get-listed/>). If you do not have a preferred provider, PFLAG Springfield would be happy to make a referral!

Application Process

- 1) Complete the following application and submit it to support@pflagoftheozarks.org or mail it to P.O. Box 1752, Springfield, MO 65801.
- 2) You will be contacted by a representative of PFLAG Springfield letting you know if you qualify to receive support from the PFLAG Support Fund.
- 3) Make an appointment with your selected provider and work with PFLAG Springfield to arrange a direct payment to the provider.
- 4) Complete the pre- and post-evaluation forms to help PFLAG Springfield collect information that will support the future of the Support Fund.

Do you have questions or need assistance? Contact us at support@pflagoftheozarks.org or at 417.350.5300.



PFLAG Support Fund Application

Please return your completed application to support@pflagoftheozarks.org or mail it to P.O. Box 1752, Springfield, MO 65801.

Name:

Pronouns:

Date of Birth:

Address:

City:

Zip Code:

Phone Number:

Email Address:

Gender Identity:

Sexual Orientation:

You are reaching out to receive support as a (check all that apply):

- Member of the LGBTQ+ community
- Parent/Guardian/Caretaker of an LGBTQ+ youth
- Parent/ Guardian/Caretaker of an LGBTQ+ adult
- Other family/household member of an LGBTQ+ youth
- Other family/household member of an LGBTQ+ adult

What type of support are you requesting assistance for (check one)?

- Individual Family Group Unsure

Why are you requesting assistance? What issues are you facing?

Additional Information:

Signature:

Date:

Parent Signature (if under 18):

Date: