**REQUEST FOR WRITTEN REASON FOR DENIAL OF REQUEST FOR ASSISTANCE WITH COVID-19 ESSENTIAL ACTIVITIES**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mental Health Agency or Person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name Address Phone Number email

On or about \_\_\_\_\_\_\_\_\_,2020 I asked for assistance with help with the following “Essential Activities” as listed in Governor Mills March 30, 2020 Executive Order relating to the COVID-19 emergency. (PLEASE CHECK ALL THAT APPLY)

1. \_\_\_\_\_\_\_Obtaining necessary supplies or services. For example, groceries and products to maintain safety and sanitation.

2.\_\_\_\_\_ \_ Accessing medical or behavioral health or emergency services, obtaining medication or medical supplies; child care or other activities essential for my health or safety.

3. \_\_\_\_\_\_Traveling to and from a federal, State, or local government building for a

necessary purpose.

4. \_\_\_\_\_\_\_Travel required by a law enforcement officer or court order.

The specifics of the request(s) are as follows:

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(Add additional page if necessary)

You and/or your agency has informed me that you cannot honor my specific request(s).

By this form I am requesting, IN WRITING, the following:

1. The reason or reasons why you cannot honor my specific request.

2. A specific explanation of what services you would be able to offer me regarding my request(s) for service as outlined above.

I would ask that you respond to this request in one business day by mailing your response to my address listed above and email if applicable.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: