

**DR. IRWIN E. PHILLIPS FUND**  
**for**  
**South Carolina Department of Mental Health Consumer Emergencies**

In his last will and testament, Dr. Irwin E. Phillips bequeathed part of his estate to be used for the comfort and convenience of consumers in a mental health facility. The will also named the S.C. Mental Health Commission as Trustee. Under a fund established in Dr. Phillips' name, a yearly sum of \$20,000, divided into \$5,000 per quarter, will be disbursed for consumer emergencies.

**Through this application, DMH staff may submit a request for funds for a consumer emergency only after all other resources have been exhausted.**

**Select only one category per application**

Category A

\* \$1 - \$300 Disbursement must be approved by the office of Community Resource Development or designee

Category B

\* \$301 - \$1000 Disbursement must be approved by a minimum of four advisory committee members

Category C

\* \$1001 - \$5000 Disbursement must be approved by a majority of the advisory committee members after review at a quarterly meeting (some emergency situations might justify a poll)

Categories of examples are as follows: (but not limited to these examples)

**Category A**

Eyeglasses, Dental Repair, Dentures, Orthopedic Shoes, Hearing Aids, Special Foods, Special Clothing Items, School Supplies, and Transportation (bus tickets)

**Category B**

Utilities, Rent, and Furniture

**Category C**

Car Repairs, House Repairs, and House Maintenance

The original receipt must be kept with a copy of the application in the center / facility Community Resource Development office requesting the funds. A copy of the receipt will be sent to:

**Office of Community Resource Development**  
**SC Department of Mental Health**  
**2414 Bull Street, P.O. Box 485, Columbia, SC 29202**  
**Phone: (803) 898-8582**

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**IRWIN PHILIPP'S EMERGENCY FUND APPLICATION TIPS**

The following is provided to assist you in getting your application completed and reviewed, by the Irwin Phillip's Advisory Committee in a more timely manner.

**APPLICATION:**

1. All areas of the application must be filled in with the correct information.
2. An application can not be reviewed by the Advisory Committee without the consumer's signature.
3. The ID Number is the **CID** number from the CIS system. **Not** the client's Social Security number. The only individuals who can receive assistance from this fund are SCDMH consumers and this number identifies them as receiving services from SCDMH.
4. After the application has been completed, it **MUST** be sent to the Community Resource Developer for his/her signature. If you are not sure who that is in your center/facility, call Sue Perry at (803) 898-8582.
5. There are three different signatures on the application: Consumer, Community Resource Developer, and the Requester (the staff person who is submitting the application for the Consumer).
6. The check is cut to the **business** providing the services or goods **not** ever to the individual requesting assistance. Checks will be mailed to the Community Resource Developer at your center/facility.

**ADDITIONAL PAPERWORK THAT MUST BE ATTACHED TO THE APPLICATION:**

1. The application must have a Community Contact Sheet with it. This sheet shows what effort has been done in the local community and the results of these contacts. The Irwin Phillip's Fund should be the last resource contacted after no other resource can be located in the local community.
2. If the request is for dental assistance, there will be an Irwin Phillip's Application, Community Contact Sheet, a Dental Sheet, and a consultation sheet from Piedmont Dental Center, which includes Columbia Dental Center, and Charleston Dental Center. The consultation sheet will explain the services needed and the exact cost. If one of these sheets is not included with the application, it takes time to inform the staff person and receive the additional information.  
 Piedmont Dental Center has five locations across the state and is consistently used by this fund because there is an agreement with the company to give a 20% discount if the person receives services from SCDMH. (Note: If the consumer chooses a private dentist, an in-kind contribution needs to be provided by the dentist.)
3. Crisis situations such as eviction notices and utility cutoffs always have to take priority over dental assistance. These applications will have to be on hold until the crisis situations have been assisted. If you are requesting assistance for rent, please answer the following questions on the application, how many people live in the home, their relationship(s) to the consumer, how will the person continue with their bills in the future, and how the person got in the situation.

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**W-9:**

1. If approved by the committee, the next step is to process the paper work and sometimes there is an additional step that has to be done before this can happen. To process paperwork the business providing the goods or services has to be in the SCDMH system with an assigned vendor number. If the business is not in the system, you will be asked to obtain a w-9 from the business which is sent to Sue Perry to take to the business office to get an assigned number for the business.
2. Once all paper work is completed and delivered to the business office, it can take a week or up to two weeks for the check to arrive to the Community Resource Developer who gives it to the staff person requesting the assistance.

**RECEIPT**

1. The original receipt is kept in the Community Resource Development records, and a copy of the receipt is sent to the Office of Community Resource Development's at the Administrative Building in Columbia, attention Sue Perry to complete all sections of the application process.

This final action closes the application process for that particular application.

**PLEASE DISTRIBUTE THIS INFORMATION TO ALL STAFF THAT WOULD BE USING THIS FUND.**

**THANK YOU!**



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**COMMUNITY CONTACTS**

**This form must be completed and attached to the application before the application can be reviewed.**

Since the demand for funds from this account has been so great, the Irwin E. Phillips' Advisory Committee is requesting additional information to help it make selections. Please list what efforts have been done in the community prior to submitting an application.

- List who you have contacted in the community to secure the services or goods requested, for example, churches, civic groups, advocacy groups, etc.

Name	Outcome
_____	_____
_____	_____
_____	_____

- List any portion of the requested total that is an in kind contribution from the company providing the needed services or goods requested.
- List the measures that have to be in place for the application to be approved. For example, if the request is for a car, how would the vehicle be maintained, taxes, car insurance, etc.
- List the steps that you have taken to obtain the requested goods and/or services in the local community as a donation. For example, for eye glasses contact civic groups such as the Lion Club.
- List any other actions that have been taken.

for

South Carolina Department of Mental Health Consumer Emergencies

The Irwin E. Phillip's Advisory Committee has received an over whelming number of applications for dentures and dental work. To assist us in prioritizing these requests, please provide the following information. This form needs to be attached to all dental requests.

Consumer's name \_\_\_\_\_ Age \_\_\_\_\_

Yes  No  Is the consumer covered by any insurance or medicaid?
If yes, explain \_\_\_\_\_

Yes  No  Is this an emergency condition?
If yes, explain \_\_\_\_\_

Yes  No  Has the consumer ever had dentures?
If yes, when \_\_\_\_\_
How long has the consumer not had teeth? \_\_\_\_\_

Yes  No  Is not having teeth a barrier to employment?
If yes, explain \_\_\_\_\_

Yes  No  Is the consumer able to appropriately care for their dentures?

Yes  No  Is the consumer able to purchase the supplies required to care for their dentures?

Taking into consideration all of the above issues, please rate this request. (Check only one)

Nice to Have 1 2 3 4 5 6 7 Critical Need

Please provide any additional comments that would be helpful to the Advisory Committee:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_