



a 501(c)(3) non-profit organization

WyLAP Foundation Grant Application

All grant applications are confidential.

The WyLAP Foundation, a 501(c)(3) non-profit organization, may provide grants to current or former members of the Wyoming State Bar who seek assistance for mental or behavioral health referral or treatment and for drug or alcohol abuse prevention, referral, treatment or rehabilitation (see W.S. § 33-1-115(a)(iii)) to assist with the expenses of treatment, including monitoring, or otherwise achieving their recovery, for which insurance or other payment sources are unavailable. Grants will not be paid directly to the applicant, except in situations where payment must be made at the time of service.

This complete application must be accompanied by the following:

1. Letter from the Wyoming Professional Assistance Program (WPAP) or mental health professional documenting the applicant's active pursuit of treatment and/or recovery
2. Signed Release of Information form authorizing WPAP or mental health professional, as applicable, to communicate with the WyLAP Director
3. Plan for giving back (see Grant Policy Guidelines)

Attorney Name _____ Attorney # _____

Address _____

City/State/Zip _____

Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Do you have insurance for the treatment or recovery you are seeking? Yes No

If yes, please indicate company(s) _____ Policy #s _____

Have you been denied coverage for claims relating to this treatment or recovery? No Yes (please include letter of declination)

Total Amount of Grant Request \$ _____

Purpose (check all that apply) Inpatient Outpatient Medication Other (please explain)

Additional Information Supporting Need for Grant _____

Submit completed form and accompanying documents to:

WyLAP Director
P.O. Box 109
Cheyenne, WY 82003
cjerabek@wylap.org