



## Request Authorization Form

[breannasride@gmail.com](mailto:breannasride@gmail.com) | PO Box 66, Alanson, MI 49706

**Date of Request:** \_\_\_\_\_

**Name, group or organization:** \_\_\_\_\_

If the applicant is a minor, Guardians name: \_\_\_\_\_

City/Village: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please select the training you are interested in attending. If the specific training/conference is not listed, please select OTHER and provide the details in the space provided.

- SafeTALK (Suicide alertness for everyone)
- ASIST (Applied Suicide Intervention Skills Training)
- QPR (Question, Persuade, Refer)
- VA S.A.V.E. (Signs. Asks. Validate. Encourage and Expedite)
- OTHER: \_\_\_\_\_  
 (If you are requesting financial assistance for counseling services, please select OTHER, fill in *financial assistance*, then refer to the Financial Assistance Application Form on page 3)

How many people will be attending this training? \_\_\_\_\_ Cost of training per individual \$ \_\_\_\_\_

Total amount requesting \$ \_\_\_\_\_

How will this training benefit you, your group or organization?

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

Will this training require lodging? YES  NO  Are you requesting assistance for lodging? YES  NO

If yes, please provide number of days, location, and if discounts on lodging are offered by the organization performing training:

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

What is your preferred method to communicate regarding this request?

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ In most cases, if you are unable to attend a paid, scheduled training/conference, a refund is possible if done within a certain timeframe. However, if you do not attend and no prior arrangements have not been made, Breanna's Ride may seek repayment.
- ❖ Without this Request Authorization Form completed and signed, Breanna's Ride will be unable to review your request.

### Breanna's Ride USE ONLY

Request: Approved  Denied   
 Amount Approved: \$ \_\_\_\_\_

Date: \_\_\_\_\_  
 Date of Payment: \_\_\_\_\_

By: \_\_\_\_\_  
 Payment Form: Check  Credit

Notes: \_\_\_\_\_  
 \_\_\_\_\_



Dear Friend,

We are so glad that you are here! Breanna's Ride is a non-profit 501c3 whose mission is to reduce suicide through prevention education and to assist and empower those in crisis. We all have something in our lives that is hard to get through. We know that some days, things seem impossible. Wherever you find yourself today, understand that it does not have to be permanent. We want you to know that there is HOPE.

Breanna's Ride Board of Directors recognizes that it takes courage to ask for help. We want to do whatever we can to eliminate barriers and promote access to service. Our organization's fundraising efforts have made financial assistance for counseling services possible. We strive to assist as many applicants as possible each year.

Please take a moment to complete the attached application. We respect your right to privacy, and the information you share will remain completely confidential. For payments processed, we require dates of service, permission from you, and agreement from your provider. You will find this information in the application below.

**\*\*Please note that Breanna's Ride typically covers up to 75% of the total amount requested\*\***

Breanna's Ride wants you to know that **YOU** have a ***purpose*** and **YOU** are **LOVED**.

Sincerely,

Breanna's Ride  
Board of Directors



**Financial Assistance Application Form**

[breannasride@gmail.com](mailto:breannasride@gmail.com) | PO Box 66, Alanson, MI 49706

**Date of Request:** \_\_\_\_\_

**Name:** \_\_\_\_\_

If the applicant is a minor, Guardians name: \_\_\_\_\_

City/Village: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Total Amount Requested:** \$ \_\_\_\_\_

**\*\*Please note that Breanna's Ride typically covers up to 75% of the total amount requested\*\***

**Reason for request and how this assistance will help you:**

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

If approved, may we follow up with you later? YES  NO  If yes, please provide your contact information:

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Provider's Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Applicant:**

I give permission to the above-listed provider to release dates of service as verification for payment of services.

\_\_\_\_\_ (signature) Date: \_\_\_\_\_

**Provider:**

I agree to release the dates of service for the applicant as verification for payment of services.

\_\_\_\_\_ (signature) Date: \_\_\_\_\_

**Breanna's Ride USE ONLY**

Request: Approved  Denied  Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Amount Approved: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Payment Form: Check  Credit

Notes: \_\_\_\_\_

\_\_\_\_\_