

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

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

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

\_\_\_\_\_  
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:

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

(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: