REGION 5 SYSTEMS

Supporting Wellness and Recovery in Behavioral Health

SINCE 1974

OPIOID SETTLEMENT FLEX FUNDS APPLICATION

User Guide for Agency and Organization Submitters

Purpose of this guide

Use this guide to prepare and submit an Opioid Remediation Settlement (ORS) Flex Funds request for a consumer. The application is completed by an agency or organization and includes both the Flex Funds request and the NBHS Financial Eligibility Worksheet.

At a glance

Requirement	What to know
Who completes the form	An agency or organization submits the request on behalf of a consumer.
Maximum request	$1,000 total across all request items.
Service connection	The consumer should be on a waitlist or enrolled in treatment, rehabilitation, drug court, or another recovery service.
Application parts	1. Flex Funds Request 2. Eligibility Worksheet
Supporting documents	Upload estimates, invoices, receipts, W-9s, or other records that support each request.

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1. Before You Start

Collect the information below before opening the application. Having it ready will make the request easier to complete in one session.

Agency and consumer information

- Agency legal name, contact name, direct phone number, and email address
- Consumer name, county of residence, ZIP code, age, gender, race/ethnicity selection, veteran status, and last four digits of the Social Security number
- Information about any prior ORS Flex Funds received by the consumer
- The consumer's current treatment, rehabilitation, drug court, peer support, waitlist, or other recovery service

Payment and request information

- The item or service requested and the amount Region 5 is being asked to pay
- The landlord, business, vendor, provider, motel, storage facility, or repair shop that should receive payment
- Whether the agency will make the purchase and request reimbursement, or Region 5 should pay another entity
- The total amount owed, any amount covered by another source, and the remaining gap
- A clear description of the treatment or recovery barrier the request will remove

Documents to have available

- Invoice, estimate, receipt, or other documentation supporting the cost

- A formal estimate for minor car repairs from a repair shop that has been in business for at least one year
- A W-9 when payment will be made by check to an entity that is not, or may not be, a Region 5 Systems Network Provider

Accepted upload formats

PDF, DOC, DOCX, JPG, JPEG, and PNG files are accepted by the current application.

Financial information

- Total annual household income before deductions
- Number of family members dependent on that income
- Actual monthly housing and transportation expenses
- Whether utilities are included in housing costs and the applicable monthly amount
- Number of children receiving daycare

2. Open and Navigate the Application

1. Go to the Region 5 Systems webpage where the Flex Funds request is available.
2. Select Request Flex Funds. The application opens in a window over the webpage.
3. Complete the 1. Flex Funds Request tab first.
4. Select Next: Eligibility or the 2. Eligibility Worksheet tab to complete the financial worksheet.
5. Use Back or the numbered tabs to move between the two parts before submitting.

Do not use the X or Cancel until you are finished

The current application does not display a Save Draft option. Complete the request in one session whenever possible and avoid closing the browser window before submission.

Summary cards

The cards at the top update as information is entered:

Card	Meaning
Total Requested	The combined amount requested from Region 5 across all request lines.
Remaining Under $1,000	How much can still be requested before reaching the $1,000 limit.
Adjusted Income	The calculated monthly income after allowable liabilities are applied in the Eligibility Worksheet.

Application buttons

Button	Use
+ Add Flex Fund Request Item	Adds another expense line when more than one item is requested.
Remove	Deletes an individual request line.
Next: Eligibility	Moves from the request to the financial worksheet.
Back	Returns to the request tab.
Submit	Sends the completed application. The button remains unavailable until key financial and signature fields are complete and the request is within the cap.

3. Complete the Flex Funds Request

Step 1: Agency and Request Information

Enter the request date, agency/organization, consumer county of residence, and the agency contact information. The county list is limited to the Region 5 service area:

> **Lancaster, Richardson, Pawnee, Nemaha, Johnson, Gage, Otoe, Seward, Polk, Butler, Saunders, York, Fillmore, Saline, Thayer, and Jefferson.**

Step 2: Consumer Information

6. Enter the consumer's name, last four digits of the Social Security number, ZIP code, gender, age, race/ethnicity, and veteran status.
7. If Other is selected for gender or race/ethnicity, complete the additional description field that appears.
8. Indicate whether the consumer has received ORS Flex Funds before. If Yes or Unknown, add any details available. Region 5 can verify prior funding history after submission.
9. Indicate whether the consumer is on a waitlist or enrolled in an eligible treatment or recovery service. If Yes, select the service. If Other Recovery Service is selected, describe it.

Eligibility warning

If No or Unknown is selected for treatment/recovery enrollment, the application displays a warning that the consumer may not meet the ORS Flex Funds service-connection requirement.

Step 3: Payment Information

Answer the payment questions in order. The application shows only the fields needed for the selected payment route.

Your answer	What happens next
Agency purchases the item and requests reimbursement by check: Yes	The payee and payment-method questions are hidden because the submitter is requesting reimbursement.
Agency purchases the item and requests reimbursement by check: No	Enter the landlord or business to be paid, then select Check, Credit Card, or Unknown.
Payment to another entity by Check	Indicate whether the entity is a Region 5 Systems Network Provider.

Your answer	What happens next
Check + entity is No or Unknown as a Network Provider	Upload the entity's W-9. The request may still be submitted without it, but payment may be delayed.

Step 4: Describe the Need

Provide a complete response to each narrative question:

- Gap/barrier: Explain the specific barrier preventing or disrupting access to substance use treatment or recovery.
- Other resources explored: Identify resources already contacted or considered, including the result of each attempt.
- Financial situation: Explain why the consumer cannot cover the expense and any urgent circumstances affecting the request.

Write for the reviewer

Connect the expense directly to treatment or recovery. Include enough detail to show why the request is necessary, why other resources are not sufficient, and how the requested support will remove or reduce the barrier.

4. Add Requested Flex Funds Items

Use one request line for each expense. Select a category first, then choose a specific item. Additional fields appear based on the selection.

Category	Available items
Housing	Deposit; Back Rent; Rent; Motel; Temporary Housing; Storage Unit
Transportation	Bus; Gasoline; Handi-van; Minor Car Repair; Taxi; Other Transportation
Other	Legal Documents; Adaptive Equipment; Cell Phone; Other

Housing requests

- For Rent, Motel, Temporary Housing, or Storage Unit, enter the number of months or weeks, select the billing period, and enter the cost per period.
- Enter the landlord, motel, storage facility, or other provider and indicate whether an invoice is attached.
- Upload the invoice or estimate.
- Complete Burden Resolution, including the Amount Requested from Region 5. This amount drives the request line total.

Transportation requests

- For bus, gasoline, handi-van, taxi, or other transportation, enter the amount requested, purpose, and vendor/provider, then upload supporting documentation.
- For Other Transportation, describe the transportation type.
- For Minor Car Repair, enter the repair shop, attach the formal estimate, describe the needed repair, and complete Burden Resolution.

Other requests

- For Cell Phone, enter the amount requested and select Phone, Phone Card, or Monthly Service Plan.
- Indicate whether a free phone program was explored and explain why phone support is needed for treatment or recovery access.
- For Legal Documents, Adaptive Equipment, or Other, enter the amount, describe the item/payee, explain how it removes a treatment or recovery barrier, and upload supporting documents.

When the total expense is more than Region 5 can provide

Complete the Burden Resolution section for applicable housing and minor car repair requests:

Field	What to enter
Total Amount Owed	The full cost or outstanding balance.
Amount Requested from Region 5	The portion requested through this application.
Amount Covered by Others	Any amount expected from family, an agency, a landlord, a church, or another funder.
Remaining Gap	Calculated automatically after Region 5 and other funding are subtracted.
Other Funding Source	Name the source or responsible party covering the other amount.
Barrier Fully Resolved?	Select Yes, No, or Pending other funding.
Explanation	If the barrier is not fully resolved, explain why partial Region 5 support should still be considered.

$1,000 total cap

The combined Amount Requested from Region 5 across all request items cannot exceed $1,000. If the total is over the limit, the application marks the total as over the cap and blocks submission.

5. Complete the Eligibility Worksheet

Consumer and insurance questions

10. Confirm the consumer name. If the field is blank, the application copies the name from the Flex Funds Request when you open the worksheet.
11. Indicate whether the consumer is covered by insurance.
12. Indicate whether filing insurance would pose a risk.

Enter income

13. Enter total annual household income before deductions.
14. Enter the number of family members dependent on that income.

The application calculates monthly income by dividing annual income by 12.

Enter allowable liabilities

Expense	How the application calculates the allowance
Housing	Enter actual monthly rent, lease, or mortgage. The allowed amount is capped at $672.
Transportation	Enter the actual monthly transportation amount. The allowed amount is capped at $300.
Utilities not included	Select this option and enter the monthly amount. The allowed amount is capped at $580.
Partial utilities included	Select this option and enter the uncovered monthly amount. The allowed amount is capped at $303.
No utility expense	Select None. No utility allowance is applied.
Daycare	Enter the number of children. The application allows $362 per child.

Review the calculated summary

The worksheet calculates:

- Total Allowable Liabilities = allowed housing + transportation + utilities + daycare
- Adjusted Monthly Income = monthly income - total allowable liabilities
- Adjusted Monthly Income will not display below $0

Calculation is not the final eligibility decision

The Eligibility Summary is marked for review. The calculated adjusted income supports Region

5's review but does not, by itself, approve the request.

Complete the acknowledgment fields

- Complete the Consumer Signature field and date.
- Enter the staff person's name and date.
- Select one utility option even when the correct answer is None.

6. Review and Submit

Before selecting Submit, use this checklist.

Review area	Confirm before submission
Agency/contact	Request date, legal agency name, county, contact, phone, and email are complete.
Consumer	Identifying, demographic, prior-funding, and treatment/recovery information is complete.
Payment	The reimbursement/payment path, payee, Network Provider status, and W-9 are addressed as applicable.
Need	The barrier, other resources explored, and financial situation are explained.
Request items	Each expense has the correct category/item, Region 5 amount, provider/payee, and supporting documents.
Request cap	The Total Requested is $1,000 or less.
Eligibility	Annual income, liabilities, family information, insurance questions, and a utility option are complete.
Acknowledgment	Consumer and staff name/signature fields and dates are complete.

Submit the application

15. Return to either application tab and confirm the Submit button is active.
16. Select Submit once.
17. Wait for the submission confirmation before closing the application.

If Submit is unavailable

Confirm that annual income is entered, a utility option is selected, the Consumer Signature and Staff Person fields are complete, and the total request does not exceed $1,000.

What happens after submission

The submitted request is routed to the Flex Funds review queue. Region 5 staff may contact the agency representative for clarification or missing documents. Approval is not guaranteed by submission, and payment may be delayed when required vendor documentation is unavailable.

Protect consumer information

- Use an authorized device and secure internet connection.
- Upload only documents needed to support the request.
- Verify that every uploaded document belongs to the correct consumer and request.
- Do not email or store application information in an unsecured location unless permitted by agency policy.

7. Troubleshooting and Common Questions

Why did additional payment fields appear?

The form uses conditional questions. When the agency is not requesting reimbursement, the form asks who should be paid and how. Check payments also require the recipient's Network Provider status.

Can I submit without a W-9?

Yes, the application states that it may be submitted without the W-9. If a check will be issued to a non-Network Provider or an entity whose status is unknown, payment may be delayed until the W-9 is received.

Why is the Submit button disabled?

Check annual income, utility selection, Consumer Signature, Staff Person, and the $1,000 cap. Also review the rest of the form for incomplete applicable fields.

Why did the application warn me about recovery enrollment?

ORS Flex Funds guidelines require the consumer to be on a waitlist or enrolled in treatment, rehabilitation, drug court, or another recovery service. A No or Unknown answer triggers a warning for review.

How do I request more than one item?

Select + Add Flex Fund Request Item and complete a separate line for each expense. All lines count toward the same $1,000 total limit.

What if the full bill is more than $1,000?

Request no more than $1,000 from Region 5 and complete Burden Resolution. Identify other funds, the remaining gap, and whether the proposed funding will resolve the barrier.

Why is my entered housing or transportation amount lower in the worksheet?

The Eligibility Worksheet applies maximum allowable amounts: $672 for housing and $300 for transportation.

Which utility amount should I enter?

Select only one option: None, Utilities not included in rent/lease, or Partial utilities included. Enter only the amount relevant to the selected option.

What should be attached for a car repair?

Attach a formal estimate from a repair shop that has been in business for at least one year, and describe the repair need.

Can I save and return later?

A Save Draft option is not shown in the current application. Plan to complete and submit the request in one session.

Need assistance?

Contact the Region 5 Systems staff member responsible for ORS Flex Funds when you need help with program requirements, supporting documentation, or the status of a submitted request.