



## Indiana LOSS Team Application

**This file version of the application is for reference only. All applications should be submitted via webform submission found here:**

**<https://www.mhaitraininginstitute.org/indiana-loss-teams/>**

### **1. NAME OF LOSS TEAM**

County(ies) to serve in year 1

County(ies) to serve in years 2-3

County(ies) to serve in years 4-5

### **2. REGIONAL INDIANA SUICIDE PREVENTION COALITION (ISPC)**

Name

Leader Name

Email

### **3. DATA ( [https://gis.in.gov/apps/isdh/meta/stats\\_layers.htm](https://gis.in.gov/apps/isdh/meta/stats_layers.htm) ) ( <https://wonder.cdc.gov/> )**

Total # of recorded suicides (2015-2020) in

County(ies) – Year 1

County(ies)- Years 2-3

County(ies)- Years 4-5

### **4. MANAGEMENT**

Name of Team

Coordinator

Address

Email

Cell#

Landline #

Work #

Emergency Contact Name

Cell #



## Indiana LOSS Team Application

Name of Team Co-Leader

Address

Email

Cell #

Landline #

Work #

Emergency Contact Name

Cell #

Name of Team Co-Leader

Address

Email

Cell #

Landline #

Work #

Emergency Contact Name

Cell #

Name of On Call Person

Address

Email

Cell #

Landline #

Work #

Emergency Contact Name

Cell #

## 5. ADMINISTRATION

Fiscal Agent for Team (must be nonprofit)

Agency

Contact Person

Address



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Email

Phone #

### **6. BUDGET**

Year 1

Mileage

Uniforms

Resources at the scene

Bag

Referral source Toolkit

Mints

Water

Book for loss survivors – Seeking HOPE

Journal

Candle

Training Needed

LOSS Team (6 virtual and 1 in-person workshop)

Mental Health Awareness

ASIST

safeTALK

QPR

### **7. COMMUNITY PARTNERS**

Name of Mayor

Address

Email

Work #

Name(s) of County Council Member

Address

Email



## Indiana LOSS Team Application

Name of County Coroner

Address

Email

Work #

Cell #

Name of Assistant Coroner

Address

Email

Work #

Cell #

Name of City Police Chief

Address

Email

Work #

Name of County Sheriff

Address

Email

Work #

Name of County Fire Chief

Address

Email

Work #

Name of Funeral Home #1

Contact person

Address

Work #

Email

Name of Funeral Home #2

Contact person

Address



## Indiana LOSS Team Application

Work #

Email

Name of Funeral Home #3

Contact person

Address

Work #

Email

Community Mental Health Agency #1

Contact person

Address

Work #

Email

Community Mental Health Agency #2

Contact person

Address

Work #

Email

Community Mental Health Agency #3

Contact person

Address

Work #

Email

Mental Health Agency and/or Therapist #1

Address

Work #

Email

Mental Health Agency and/or Therapist #2

Address

Work #

Email



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Mental Health Agency and/or Therapist #3

Address

Work #

Email

Mental Health Agency and/or Therapist #4

Address

Work #

Email

Media Partner #1

Contact person

Address

Work #

Email

Media Partner #2

Contact person

Address

Work #

Email

Media Partner #3

Contact person

Address

Work #

Email

Faith Partner #1

Contact person

Address

Work #

Email

Faith Partner #2

Contact person

Address



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Work #

Email

Faith Partner #3

Contact person

Address

Work #

Email

If you do not have current partnerships with the categories listed above, please describe how you plan to create, and sustain, these partnerships:

### **8. SURVIVORS OF SUICIDE SUPPORT GROUP(S)**

SOS Support Group #1

Contact person

Address

including

County

Cell #

Email

Meeting times

& location

SOS Support Group #2

Contact person

Address

including

County

Cell #

Email

Meeting times & location

If you do not have current support groups listed above, please describe how you plan to



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approach your plan without these groups:

### 9. BUSINESS PARTNER(S)

Biohazard #1

Contact person

Address

Work #

Email

Biohazard #2

Contact person

Address

Work #

Email

If you do not have current partnerships with the categories listed above, please describe how you plan to create, and sustain, these partnerships:

### 10. VOLUNTEER INTEREST

Name #1

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #2

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date



## Indiana LOSS Team Application

Name #3

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #4

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #5

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #6

Address

Cell #

Email

Loss Survivor – yes/no # of years since the loss

Training completed and date



## Indiana LOSS Team Application

Name #7

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #8

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #9

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #10

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #11



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Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

Name #12

Address

Cell #

Email

Loss Survivor – yes/no

# Of years since the loss

Training completed and date

**11. TEAM VOLUNTEER DEMOGRAPHICS**

Gender

- Male #
- Female #
- Non-binary #

Race

- Asian #
- White #
- American Indian #
- African American #
- Hispanic/Latino #
- Other – Indicate \_\_\_\_\_

Age

- Age 18-24 #
- Age 25-34 #
- Age 35-44 #



## Indiana LOSS Team Application

- Age  
e  
45-  
54  
#
- Age  
e  
65+



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Any languages spoken other than English? If so, list

### **RESOURCES**

**List what will be delivered to survivors on scene. Please note items that are evidence-based or considered promissory practice items.**

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## Indiana LOSS Team Application

### **SUSTAINABILITY PLAN**

What is your LOSS Team's innovative approach to funding/donations to maintain financial needs after the five-year grant period? (Examples – sponsorships, community foundation partnerships, fundraising events, etc.)

Please include a Letter of Collaboration from a local Law Enforcement Agency or your local Coroner's office when submitting your application!