

Crisis Grant – Application Form

Fax this to: Megan or Ian @ VCH CIF	Fax: 604-874-7661	No cover sheet needed
All received applications will be acknowledged by email on the deadline date.		

Deadlines: 12 noon first and third Wednesday of the month.

Six grants will be issued on the following Wednesday by 12 noon.

Questions? Contact Megan (Project Manager) - working Tuesday, Wednesday and Thursday only.

email: meghan.thomas@vch.ca phone: 604-714-3771 ext 2239

This form can be filled on your computer, but must be printed and faxed in.

Referrer Information (to be completed by Health Care Worker)

Name:		Date of application: (mm/dd/yyyy)	
Agency:		Phone Number:	
Email:			
Relationship to Client:			
Do you know the client well? Yes (Known for _____ years _____ months)			
New client, but thorough assessment done			
No			

Client Information (to be completed by Health Care Worker)

Name:			Gender: female male other		
Amount of request: (Maximum \$85)			Date of Birth: (mm/dd/yyyy)		
Type of consumer: Mental Health		Substance use	Vancouver Resident: Yes		No
Primary Source of Income: Provincial Benefits None Federal Benefits Other			Who will pick up the grant?		
Other funding sources tried? Yes		No	If yes, specify:		
Details of unexpected circumstance (include what the grant will be spent on):					
In cases of theft, please provide police report #:					

Questions for statistics:

Employment Status: full time part time unemployed or on benefits

Education Level: < high school high school some post-secondary trade certificate
 diploma university degree