

## Crisis Grant – Application Form

Fax this to: Megan or Ian @ VCH CIF      Fax: 604-874-7661      No cover sheet needed <b>All received applications will be acknowledged by email on the deadline date.</b>
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**New:** Deadlines: 1 pm first and third Tuesday of the month. Grants issued on following Tuesday by 1 pm.

Questions? Contact Megan (Project Manager) - working Tuesday, Wednesday and Thursday only.  
 email: megan.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: <b>\$85</b>	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 #: