

CIF Crisis Grant Application Form

Each grant is in the amount of \$85. Applications are randomly selected.
 Application Deadline: 1st and 3rd Tuesday of every month at 1pm
 Submit completed application forms by email to Megan.Thomas@vch.ca

Referrer Information		(must be completed by a health care worker)
Name:	Date: <i>(yyyy/mm/dd)</i>	
Agency:		
Email:	Phone #:	
Relationship to Client:		
Name of Health Care Worker who will pick up the grant:		
Client Information		(must be completed by a health care worker)
Name:	Pronouns:	
Resident of Vancouver: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: <i>(yyyy/mm/dd)</i>	
Type of consumer: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Both (Concurrent)		
Other funding sources tried? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Description of Crisis		(must be completed by a health care worker)
Details of unexpected circumstance:		
What will the grant be spent on?		

Questions? Please contact Megan Thomas (works Tuesday-Thursday)

Megan.Thomas@vch.ca

604-714-3771 ext 2239 (voicemail only)