Vancouver CoastalHealth

CIF Crisis Grant

Application Form

Consumer Initiative Fund

$85 Crisis Grants are awarded by random draw

Application Deadlines: 1st and 3rd Tuesday of every month at 1pm

Referring Health Care Worker must complete form - only complete applications are included in draw

Referrer First Name _____ Last Name _____

Agency _____ Date _____

Email _____ Phone # _____

Relationship to Client _____

Health Care Worker who will pick up grant _____

Client First Name _____ Last Name _____

Date of Birth *(yyyy/mm/dd)* _____ Pronouns _____

Resident of Vancouver ☐ Yes ☐ No

Other funding sources tried? ☐ Yes ☐ No

If yes, specify _____

_____

Type of Consumer

☐ Mental Health

☐ Substance Use

☐ Both (Concurrent)

Description of Crisis (unexpected circumstances)

What will the grant be spent on?

Submit applications by email only to
Megan.Thomas@vch.ca
Tuesday-Thursday part-time
604-714-3771 ext 2239 (voicemail only)

Draws are held every 2nd and 4th Tuesday
(Health Care Workers will be notified by 5pm)