

WELLNESS GRANT APPLICATION FORM

SUBMIT COMPLETED FORM AND QUOTES/INVOICES TO
CMHA VERNON, 3100 28TH AVE, VERNON BC, V1T 1W3

What are Wellness Grants?

WELLNESS GRANTS provide an opportunity for people with lived experience with mental health problems (PWLE) to access activities beneficial to wellness and recovery that they would otherwise be unable to afford. This may include fitness activities, educational courses, fees for instruction, artistic pursuits, or special family activities. Individuals can apply for grants up to a maximum of \$200.00 per year (\$400.00 for families or groups).

WELLNESS GRANT APPLICATION FORM

NAME					
PHONE NUMBER		SECONDARY PHONE			
EMAIL		DATE OF BIRTH			
			DAY	MONTH	YEAR
NAME OF MENTAL HEALTH WORKER		MENTAL HEALTH WORKER PHONE			
ADDRESS					

WELLNESS GRANT DETAILS

Have you received a Wellness Grant (or CFC funding) in the past? Yes No

Can you provide proof of disability benefits/low income? Yes No

WELLNESS GRANT OPTION 'A'

if you selection Option 'A' you do not have to provide a quote/invoice

- EQUINE CONNECTION COACHING SERVICES
- VERNON RECREATION CENTRE PASS
- LIVING LIFE TO THE FULL (CMHA VERNON)
- MENTAL HEALTH FIRST AID (CMHA VERNON)
- ASSIST (CMHA VERNON)

WELLNESS GRANT OPTION 'B'

If you select Option 'B' you MUST provide a quote/invoice with your application

- FITNESS/RECREATION
- FAMILY OR GROUP ACTIVITY
- EDUCATION COURSE
- ARTS & CRAFTS INSTRUCTION

Please provide details about the course/activity you wish to do:

Does your course/activity have a start date? Yes No
If yes, when does it start?

WELLNESS GRANT DETAILS CONTINUED

How much does your activity cost?

\$ _____

Who is the cheque payable to?

Please note- the cheques cannot be payable to you.

Please provide a breakdown of costs (i.e., registration fees, how many lessons/classes etc.)

MAKING YOUR PROPOSAL TO THE WELLNESS GRANT COMMITTEE

As part of the application process, you must present your request to our committee of volunteers who are peers in recovery, family members and advisors. You will need to describe why the activity will be good for your wellness and recovery goals. If you need more space to present your request, please attach another sheet of paper to this form.

In your own words, please tell us why you believe a Wellness Grant will benefit you. You may wish to include mental, physical, and social reasons, as well as personal experience:

IMPORTANT INFORMATION ABOUT WELLNESS GRANTS

- If you are applying for **Wellness Grant Option 'B'** you must provide two quotes or an invoice on company letterhead that clearly describes the fees and services, you are applying for. **If you do not provide a quote or invoice your application WILL NOT be considered.**
- Recreation facilities may require proof of disability or income for discounted memberships. Before submitting your application, please contact the facility you wish to use to find out if you qualify.
- Applications may take up to 3 months to process.
- The WGC does not reimburse for activities paid for, nor advance funds retroactively. Cheques are made out to the service provider, not the applicant.
- The Wellness Grant Committee will not fund the following: psychotherapy, medications, alternative therapies, medical or dental treatment and supplies, clothing, personal hygiene items, household items, rent, utilities, bill payments, insurance, ID in any form, licenses, anything that can be resold and any ongoing business expenses.