

SUBMIT COMPLETED FORM AND ALL REQUIRED INFO TO
CMHA KELOWNA, 504 SUTHERLAND AVENUE

APPLICATIONS MAY TAKE UP TO 3 MONTHS TO PROCESS

OFFICE USE ONLY

RECEIVED: _____

WHAT ARE WELLNESS GRANTS?

The Wellness Grants program provides an opportunity for people with lived experience of mental health challenges (PWLE) and with financial need to get involved with activities beneficial to their own wellness and recovery. Examples of wellness activities include memberships to fitness facilities, educational courses, artistic pursuits, special family activities, and more. Individuals can apply for grants up to a maximum of \$200.00 per year (or \$400.00 for family activities).

WELLNESS GRANT APPLICANT INFORMATION

NAME							
TELEPHONE			CELL PHONE				
EMAIL			DATE OF BIRTH	YEAR		MONTH	
ADDRESS							
CITY			POSTAL CODE				

IMPORTANT INFORMATION ABOUT WELLNESS GRANTS

- Wellness Grants fund activities but NOT personal items, transportation costs, nor reimbursement for pre-paid activities.
- Cheques are made out to the service provider, not the applicant.
- More information on the program can be found at www.kelowna.cmha.bc.ca. Questions can be directed to the Wellness Grants Coach by email at wellnessgrants@cmha.bc.ca or by phone at 250-861-3644.
- **If you do not provide the required information, your application WILL NOT be considered.**

WELLNESS GRANT ACTIVITY REQUEST

<input type="checkbox"/> H ₂ O FITNESS CENTRE Membership (4075 Gordon Rd, Kelowna)
<input type="checkbox"/> KELOWNA FAMILY "Y" (YMCA) Membership (375 Hartman Rd, Kelowna)
<input type="checkbox"/> PARKINSON REC CENTRE Membership (1800 Parkinson Way, Kelowna) REQUIRED INFORMATION: PROOF OF DISABILITY (CHEQUE STUB, GOV'T LETTER, ETC)
<input type="checkbox"/> JOHNSON-BENTLEY AQUATIC CENTRE Membership (2760 Cameron Rd, West Kelowna) REQUIRED INFORMATION: PROOF OF DISABILITY (CHEQUE STUB, GOV'T LETTER, ETC)
<input type="checkbox"/> QI GONG / TAI CHI WITH HAJIME NAKA – 20 Class Punch Card (1310 Bertram St, Kelowna)
<input type="checkbox"/> OTHER WELLNESS ACTIVITY REQUIRED INFORMATION: INVOICE ISSUED FROM COMPANY WITH COST INCLUDING TAXES, START DATE, ACTIVITY, & DURATION PLEASE PROVIDE DETAILS ABOUT THE ACTIVITY THAT YOU WISH TO SIGN UP FOR:

DETAILS FOR SUPPORT PERSON (IF APPLICABLE)

NAME & ORG.	<input type="checkbox"/> CHECK IF PRIMARY CONTACT		
PHONE	EMAIL		

IN YOUR OWN WORDS, PLEASE TELL US WHY YOU BELIEVE THIS ACTIVITY WILL BENEFIT YOU. YOU MAY WISH TO INCLUDE MENTAL, PHYSICAL, AND SOCIAL REASONS, AS WELL AS YOUR PERSONAL EXPERIENCE. *(IF YOU REQUIRE MORE SPACE, PLEASE ATTACH ANOTHER PIECE OF PAPER.)*

HAVE YOU EVER RECEIVED A WELLNESS GRANT BEFORE? YES NO

IF YOU HAVE RECEIVED A WELLNESS GRANT IN THE PAST, YOU MUST FILL OUT THE SECTIONS BELOW:

WHAT ACTIVITY WERE YOU APPROVED FOR IN THE PAST?

NOW THAT YOU HAVE COMPLETED YOUR PREVIOUS ACTIVITY, PLEASE TELL US HOW THIS EXPERIENCE HAS HELPED YOUR OVERALL WELLNESS AND RECOVERY. *(IF YOU REQUIRE MORE SPACE, PLEASE ATTACH ANOTHER PIECE OF PAPER.)*