|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Name:** | Applicant’s Phone: | | |
| Applicant’s address with Postal Code: | |  | |
| Are you a first-time applicant? Yes  No ; if No, how long ago?\_\_\_\_\_\_\_ | |  | |
| **Name & role of person supporting you with your application**  (e.g. case manager, agency staff, vocational counsellor, OT ): | Their phone number/other contact information: | | |
| **What specifically will funds be used for (what are you purchasing**?) If applying for a leisure pass, please indicate how many days a week you will be attending. | | | Leisure/Wellness |
| Education |
| Work |
| What other funding options have you explored for this activity / item? | | | |
| Would it be hard/would you be unable to finance this activity without this fund?  yes  no | | | |
| What do you want to do (your goal)? | | | |
| How will this help you with your recovery? | | | |
| If this is a course, who offers it: | | | |
| Have you returned your outcome report and receipts for any previous Rehab Fund applications? Yes  No | | | |
| Have you requested Rehab Fund support for this activity / item before? Yes  No (if yes) how many times? \_\_\_ | | | |
| Total Cost **(including tax**) $\_\_\_\_\_\_\_ **\*\*\*PLEASE ATTACH AN EXACT QUOTE TO THIS APPLICATION**  **(image of pricing on website, price tag, etc.)\*\*\***  How much will you contribute? $\_\_\_\_\_\_\_ \*You are expected to contribute at least 10% of the total cost on the 1st time applying for this activity/item; at least 50% of total cost if it is a 2nd time application (for same activity/item) , and at least 75% after the third application ( for same activity/item)  Amount requested $\_\_\_\_\_\_\_ (total cost minus your contribution) | | | |

** Mental Health & Substance Use (MHSU)**

**Rehabilitation Fund Application**

**SEE FLIP SIDE OF THIS FORM – for program information, eligibility criteria, instructions, and timelines**

**Make cheque payable to:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If cheque is to be made to a 3rd party, please check that the organization accepts 3rd party cheques.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee use only: Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved: $** **On hold for further information:** **Declined Reason for decline:**

**Comments: Initials of Committee Members:**

**MHSU Rehabilitation Fund Application Information**

**PROGRAM DESCRIPTION:**

To assist individuals who have a mental illness and their children to **try out an activity/program or to acquire basic supplies** needed to become involved in a leisure/wellness, education or employment activity/program.

* Funds will be available to cover part of fees, expenses, or costs for supplies *that are* ***not available through other resources****,*  and are required by the applicant to participate in his/her recovery plan
* Applicants are expected to develop plans to fund continuing activities; future applications for the same activities will receive less funding or be declined\*
* Fund can provide funding *up to a maximum of $250.00per fiscal year per applicant*
* Parents with a mental illness could apply for activities for their children who are 18 years and younger *up to maximum of $150 per fiscal year per child*
* All applications will be considered on an individual basis by the local Rehab Fund Committee(i.e. Rehabilitation Fund liaison and 1 or 2 committee members with lived experience of mental illness)
* If you have already prepaid for the program/activity you are applying for (e.g. by credit card or personal loan), you are not guaranteed reimbursement

**Exclusions:**

|  |  |  |
| --- | --- | --- |
| Computers, electronics equipment | Medical, dental, eye  exams or equipment | Activities or equipment that are not rehabilitation-oriented  ( e.g. food, housing, regular clothing, etc.) |
| Group applications | Domestic pets | Transportation costs (e.g., bus passes, taxi, HandyDART, moving costs, gas, insurance, vehicle repairs) |

**Eligibility *of APPLICANT:***

* Recovery plan in place that relates to this request for funding (e.g. plan to get a job)
* Registered with a MHSU Team/Centre and/or is an active participant in a MHSU- funded Rehabilitation Program (e.g. Clubhouse, Group Therapy Services)
* **Limited personal financial resources** to pursue identified rehabilitation activities
* Prepared to follow instructions below

**instructions:**

1. Complete the Rehab Fund Form. **Incomplete applications will not be processed but returned**
2. Submit completed application (including supporting documentation)to your local Mental Health Centre or Clubhouse – it will be forwarded to the local Rehab Fund Committee
3. Approved applications: Cheque (s) will be made payable to the institution providing the service, or the applicant. Cheque(s) will be sent to the Rehab Committee Chair or representative for distribution
4. Declined applications**:** Applicant and/or support person will be informed of the reason for declined application(s)
5. Follow-up**– All monies must be accounted for and required paper work completed and returned**

(i.e. Outcome Report- which will be included with the cheque*,* all receipts, plus any unused cheques and /or left over funds –to the Mental Health Centre c/o Rehabilitation Fund Committee)

**TIMELINES:**

* Applications are screened regularly (i.e. every 1-3 months, depending on your community)
* Please allow 3-4 weeks *after screening* for approved application cheques to be delivered. You will be notified when cheques have arrived and are ready for pick-up
* *Cheques not cashed within 3 months, of cheque date, will be cancelled and cancellation fee taken out of local Rehabilitation Fund*