



| OFFICE USE ONLY | |
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| RECEIVED: | |

PLEASE FAX COMPLETED FORM TO 250-763-4827 OR SUBMIT TO 504 SUTHERLAND AVE KELOWNA BC V1Y 5X1

Please see attached letter for what to expect after you have submitted your application.

What are Wellness Grants?

Exercise and socialization are great ways to benefit mental health and wellbeing. The Wellness Grants program provides an opportunity for people with a mental illness and financial need to access annual fitness memberships at 4 facilities for no cost. The facilities are: (1) the YMCA in downtown Kelowna, (2) the Rutland Family YMCA, (3) the H2O Center, and (4) Parkinson Recreation Centre. Through the Wellness Grants program, CMHA Kelowna works with the YMCA, and Parkinson Recreation Centre to make annual fitness memberships as affordable as possible. The Wellness Grant covers the participant's share of the membership in the following ways:

100% of membership fee is paid through the grant (no cost to you) for 1 year only.

*Memberships must be renewed at six months for Parkinson Recreation Centre.

Individuals can apply for either a single grant or for a family grant (family grant with YMCA only). For a family grant, please include a separate application for each family member.

Wellness Grant 1 year Fitness Membership

| | check on box with your one choice. | | | | | | | |
|---|--|-------|--|---------------|-----------------|--|--|--|
| | ☐ H2O Fitness Center (4075 Gordon Rd. Kelowna) | | | | | | | |
| Kelowna Family YMCA Rutland (375 Hartman Rd. Kelowna) | | | | | | | | |
| Kelowna Family YMCA Downtown (1011-505 Doyle Rd. Kelowna) | | | | | | | | |
| Parkinsor | Parkinson Recreation Centre (1800 Parkinson Way Kelowna) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DATE* | | | | | EMAIL | | | |
| NAME* | | | | | | | | |
| ADDRESS* | | | | | | | | |
| PHONE* | | | | | ALTERNATE PHONE | | | |
| DATE OF BIRTH* | YEAR | MONTH | DAY | | | | | |
| EMERGENCY | • | | • | | EMERGENCY | | | |
| CONTACT NAME | | | | CONTACT PHONE | | | | |
| *REQUIRED INFORMATION | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DO YOU REQUIRE A SUPPORT PERSON TO ATTEND WITH YOU? | | | ☐ YES ☐ NO | | | | | |
| SUPPORT PERSONS | NAME AND | | | | | | | |
| ORGANIZATION | | | | | | | | |
| SUPPORT PERSONS CONTACT NUMBER | | | EMAIL | | | | | |
| HAVE YOU RECIVED BEFORE? | A WELLNESS | GRANT | ☐ YES | □ NO | | | | |
| *DO YOU HAVE A PERMANENT DISABILITY? | | | ONLY REQUIRED IF YOU ARE APPLYING TO PARKINSON RECREATION CENTRE | | | | | |





| When would you be available to meet with the YMCA for an orientation? The 3 YMCA locations are open 7 days a | week | | | | | | | | |
|--|-------|--|--|--|--|--|--|--|--|
| from 5:30 am to 9:00 pm, and Parkinson Recreation Centre M-F 6:00 am to 9:00 pm and weekends from 8:00 am to | | | | | | | | | |
| 5:00 pm. Please specify what days and times that work for you to have an orientation. | | | | | | | | | |
| CHOOSE FROM THE FOLLOWING BOXES (CHECK ALL THAT APPLY) | | | | | | | | | |
| I AM AVAILABLE: | | | | | | | | | |
| ☐ ANYTIME ☐ WEEKDAY ☐ WEEKEND ☐ MORNING ☐ AFTERNOON ☐ EV | ENING | | | | | | | | |
| | | | | | | | | | |
| How will this wellness grant benefit you? | | | | | | | | | |

In your own words, please tell us why you believe this fitness membership 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.)

Important Information about Wellness Grants

- Wellness Grants funds only gym memberships to Parkinson Recreation Centre, YMCA and H2O centers.
- All money will be provided to the Parkinson Recreation Centre, YMCA or H2O center of choice.
- Wellness Grants are for 1 YEAR ONLY.
- More information on the program can be found at http://cmhakelowna.com/wellness-programs/.
- Questions can be directed to the Wellness grants coach by email at <u>wellnessgrants@cmha.bc.ca</u> or by phone at 250-861-3644.
- If you do not provide the required information, your application WILL NOT be considered