



## WESTMINSTER HOUSE SOCIETY (WHS) APPLICATION FOR TREATMENT GRANTS

### Application Guidelines:

- Applications are reviewed in the order that they are received.
- Applications are reviewed on the basis of financial need and demonstration of a commitment to receiving treatment services.
- Applications are reviewed by a qualified committee of and persons with lived experience.
- Recipients will be notified as soon as a decision has been reached.
- Recipients must respond within 10 days to confirm acceptance of funding and accept admittance within 5 days of acceptance.
- The *WHS* associated foundations provides partial grants only.
- Grants are made payable directly to the facility which the applicant will be attending.
- Grants are non-transferable.
- Funding may be withdrawn if it is discovered that provided financial information is false.

### Application Requirements:

- Applicants must be seeking treatment for substance use and/or addiction and the application must be accompanied with a self-referral form.
- Applications must be made on the basis that attending an inpatient or outpatient treatment program would pose financial hardship.
- Applicants must provide financial information in order for the Selection Committee to assess financial need.

### Completed Applications:

Please send completed applications to attention Jordan Veller:

228 Seventh Street, New Westminster, BC V3M 3K3  
email: [jordan@westminsterhouse.ca](mailto:jordan@westminsterhouse.ca)

# Personal Information:

## Applicant

Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Identity \_\_\_\_\_

Lives With \_\_\_\_\_

## Parents or Guardians

Parent 1 Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Employment Status \_\_\_\_\_

Signature \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Employment Status \_\_\_\_\_

Signature \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Person(s) with Legal Custody \_\_\_\_\_

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## Financial Information:

Please enter the following income values on the lines provided below for BOTH parents (if applicable):

Bank loans or personal lines of credit \_\_\_\_\_

Bank balance before paying for treatment \_\_\_\_\_

Investments and savings \_\_\_\_\_

Registered Retirement Savings Plan (RRSP) \_\_\_\_\_

Tax-Free Savings Account (TFSA) \_\_\_\_\_

Any other income you receive that has not been listed \_\_\_\_\_

Please enter the following expense values on the lines provided below:

Rent/mortgage & utilities \_\_\_\_\_

Food & household supplies \_\_\_\_\_

Transportation \_\_\_\_\_

Childcare \_\_\_\_\_

Medical/dental \_\_\_\_\_

Cellular/internet \_\_\_\_\_

Any other expense you expect that has not been listed \_\_\_\_\_

\* Please include your last two years tax return (T1 or T4 form).

\* Please include your two most recent paystubs from all contributing income.

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## Exploratory Questions:

Please describe the circumstances that have led your child to seek treatment for substance abuse and/or addiction:

What negative consequences have you seen in your life due to your or your loved one's addiction?

Please describe any special circumstances that may affect your or your family's ability to pay for treatment:

To what extent would you or your parent(s) or loved one's be willing to engage in the treatment process (joining *WHS* family group, attending AlAnon, participating in parental treatment programs)?

Is there anything else that you would like us to know?

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## Signature:

Thank you for applying for *WSH* foundation funding. As stated, applications will be processed in the order that we receive them. Applicants will be notified as soon as a decision is made. Please note that due to limits in funding, not all applicants will be eligible to receive grants. Our hope is to provide treatment to as many qualified applicants as possible. Please include the following signatures in order to complete the application:

I certify that all included information is correct, and I authorize the *WHS* to share my financial information with the Selection Committee,

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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