



7504
INTAKE FORM

Date

Name:		Date of Birth:	YY MM DD
Phone:		Email address:	
Name:		Date of Birth:	YY MM DD
Phone:		Email address:	
Child's Name:		Date of Birth:	YY MM DD
Child's Name:		Date of Birth:	YY MM DD
Child's Name:		Date of Birth:	YY MM DD
Child's Name:		Date of Birth:	YY MM DD

Are you a resident(s) of:
 Squamish Pemberton or Other Please
 Specify _____

What experiences/symptoms are prompting you to request counselling at this time?

How did you hear about our services? _____

Are you accessing any other community agency at this time? Y N

Mental Health Child & Youth Mental Health RCMP
 Victim Services
 School Counselor Employment Services Other

I understand this fund is for men, couples and families in need of financial help.
 I believe I qualify Y N

Counselling Assistance Fund for Men ages 15 and up, Couples and Families Program Expectations and Procedures

Applications can be filled out and submitted online or dropped off at our Pemberton or Squamish offices.

Sea to Sky Community Services (SSCS) emails acknowledgement of your submitted application immediately. The program manager follows up within three weeks with instructions on obtaining the necessary information to start the program.

Clients who qualify for the program are given a list of registered clinical counsellors and their information. Clients choose their own counsellor based on the information in the list. Clients can request to see a registered clinical counsellor who is not on the SSCS list or continue a previously established relationship with their counsellor providing the counsellor is willing to join the SSCS program. Registered clinical counsellors are able to join the program by providing their clinical counsellor registration number, their information and contact details. There is no fee to join the program.

Business cards with the client's reference number and name on the back are provided to clients to give to their counsellor at their initial appointment. More than one business card is given in case the client chooses to switch counsellors.

Clients are responsible to pay their portion (\$30/one hour session or \$45/one and a half hours session) of their counselling fees directly to the counsellor.

Clients are expected to show up for their scheduled appointments or give at least 24 hours' cancellation notice.

Clients can access a maximum of eight sessions. These sessions must be completed within eight months unless there are extenuating circumstances. Those situations will be determined on a case by case basis.

All information between the client and their counsellor is confidential. SSCS is the referring agent and will only collect the information provided on the application.

Clients are encouraged to contact SSCS staff if issues or barriers arise preventing the client from receiving service. The program manager information is below.

Client signature

Date

Brittany Martell, Manager of Adult and Family Services
38024 Fourth Avenue, Squamish, BC
Tel: 604-892-5796 extension 224
Email: Brittany.martell@sscs.ca

