

**Dear Prospective Client:**

Welcome to the Family Service Kent Counselling Program. Please carefully read and follow the instructions listed below. A self-addressed envelope has been provided should you choose to return the completed Intake Profile Form by mail. Please be advised that the information collected will remain within Family Service Kent and will be kept confidential.

1. **Complete the Intake Profile Form (page 2).** Please be sure to *print* your information clearly. You will be contacted by telephone to set up your first appointment.
2. **Include Proof of Income for all adult members of your household.** Our fees are based on total gross household income. Please include a copy of your most recent income tax statement (only a copy of the page that states 'total income'). The attached Fee Chart (see page 3) will help you to determine what your hourly session rate will be. Your session fee will be provided to you at the time of intake. ***Session fees are to be paid prior to each session.*** If there are outstanding fees on accounts, re-scheduling will not be permitted.

***\*Please note: The maximum fee of \$100.00 per session will be charged if proof of income is not provided or when outside/private insurance is to cover the cost of counselling.***

3. **Include \$25.00 Administration Fee.** This is a *non-refundable* administration fee that will be applied towards your first visit. The initial appointment will not be scheduled until the administration fee has been provided.

***\*Please note: If you fail to attend or fail to provide 24 hours cancellation notice for your first scheduled appointment, you will forfeit the initial \$25 administration fee. In such an event, a second administration fee of \$25 will be required to set-up a second assessment appointment and the same rules apply regarding forfeiture.***

Once we receive the completed **Intake Profile Form, Proof of Income** and the **\$25.00 Administration Fee** we will contact you to set up your first appointment. Should you have any questions, please do not hesitate to contact us.

Sincerely,



Lindsay Vandermeer, B.A.  
Intake Coordinator



## Fee Chart

Family Service Kent receives a generous annual grant from the United Way. As a result, we are able to provide service at fair and equitable rates. The Fee Chart below has been provided to help you to approximate what your hourly session fee will be. Rates are calculated at \$1 for every \$725 gross annual *household* income. Please also be advised of the following:

1. Failure to attend or failure to provide 24 hours cancellation notice will result in a fee.
2. Re-scheduling will not be permitted with outstanding fees on accounts.
3. All group fees are to be paid (in full) prior to the group start date.
4. A \$10.00 service charge is applied to all NSF cheques.
5. Family Service Kent has an appeal process should you wish to appeal your fees.

Gross Family Income	Assessed Fee	Gross Family Income	Assessed Fee
\$0- \$9,999	\$15.00/hour	\$47,000	\$65.00/hour
\$10,000- \$20,000	\$28.00/hour	\$48,000	\$66.00/hour
\$21,000	\$29.00/hour	\$49,000	\$68.00/hour
\$22,000	\$30.00/hour	\$50,000	\$69.00/hour
\$23,000	\$32.00/hour	\$51,000	\$70.00/hour
\$24,000	\$33.00/hour	\$52,000	\$72.00/hour
\$25,000	\$34.00/hour	\$53,000	\$73.00/hour
\$26,000	\$36.00/hour	\$54,000	\$74.00/hour
\$27,000	\$37.00/hour	\$55,000	\$76.00/hour
\$28,000	\$39.00/hour	\$56,000	\$77.00/hour
\$29,000	\$40.00/hour	\$57,000	\$79.00/hour
\$30,000	\$41.00/hour	\$58,000	\$80.00/hour
\$31,000	\$43.00/hour	\$59,000	\$81.00/hour
\$32,000	\$44.00/hour	\$60,000	\$83.00/hour
\$33,000	\$46.00/hour	\$61,000	\$84.00/hour
\$34,000	\$47.00/hour	\$62,000	\$86.00/hour
\$35,000	\$48.00/hour	\$63,000	\$87.00/hour
\$36,000	\$50.00/hour	\$64,000	\$88.00/hour
\$37,000	\$51.00/hour	\$65,000	\$90.00/hour
\$38,000	\$52.00/hour	\$66,000	\$91.00/hour
\$39,000	\$54.00/hour	\$67,000	\$92.00/hour
\$40,000	\$55.00/hour	\$68,000	\$94.00/hour
\$41,000	\$57.00/hour	\$69,000	\$95.00/hour
\$42,000	\$58.00/hour	\$70,000	\$97.00/hour
\$43,000	\$59.00/hour	\$71,000	\$98.00/hour
\$44,000	\$61.00/hour	\$72,000	\$99.00/hour
\$45,000	\$62.00/hour	\$73,000 +	\$100.00/hour
\$46,000	\$63.00/hour		

## INTAKE PROFILE

<b>Full name:</b> _____		<b>Date of Birth: (dd/mm/yy)</b> _____	
<b>Address:</b> _____		<b>City:</b> _____	<b>Postal Code:</b> _____
<b>Home Phone:</b> _____	Okay to leave messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Cell/Other:</b> _____	Okay to leave messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Work:</b> _____	Okay to leave messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If applicable, please list the name(s), relationship, and DOB for all who may attend with you:</b>			
_____		DOB: _____	
_____		DOB: _____	
<b>What is your first language?</b> _____		<b>What language do you prefer services in?</b> _____	
<b>Do you self-identify as LGBTQ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Do you self-identify as Aboriginal, First Nations, Inuit, or Metis?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Who referred you?</b> _____		<b>Have you been here before?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>(self, doctor, friend, crisis nurse, etc)</small>			
<b>Are you currently employed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>If so, name of employer:</b> _____	
<b>Do you have benefits or private insurance to cover the cost of counselling?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, do they require a: RSW (Registered Social Worker) or MSW (Masters of Social Work)? _____			
<b>**Please note: Family Service Kent does not employ registered psychologists or psychiatrists**</b>			
<i>If you are on Ontario Works, you may be eligible for coverage. Please contact your OW worker for details</i>			
<b>Are you required/mandated to attend counselling?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please answer the following:	
Agency: _____		Worker's name: _____	
<b>Are you named in any current criminal charges, proceedings, or litigation?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please specify: Restraining Order <input type="checkbox"/> Peace Bond <input type="checkbox"/> Restrictions <input type="checkbox"/> Conditions <input type="checkbox"/>			
<b>What is your primary concern: (Select only one)</b>		<b>What is/are your secondary concern(s): (Select any that apply)</b>	
<input type="checkbox"/> Relationship	<input type="checkbox"/> Depression	<input type="checkbox"/> Relationship	<input type="checkbox"/> Depression
<input type="checkbox"/> Separation/Divorce	<input type="checkbox"/> Self-esteem/Self-confidence	<input type="checkbox"/> Separation/Divorce	<input type="checkbox"/> Self-esteem/Self-confidence
<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Work-related	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Work-related
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Anger Management
<input type="checkbox"/> Anxiety/Stress	<input type="checkbox"/> Sexual Assault/Incest Survivor	<input type="checkbox"/> Anxiety/Stress	<input type="checkbox"/> Sexual Assault/Incest Survivor
<input type="checkbox"/> Caregiver	<input type="checkbox"/> Sexual Offence	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Sexual Offence
<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Other: _____
<b>I certify that all information provided as part of this application are accurate and true to the best of my knowledge.</b>			
<b>Signature:</b> _____		<b>Date:</b> _____	

**\*\*PLEASE BE ADVISED THERE MAY BE A WAITING PERIOD FOR SERVICE\*\***