

Dear Prospective Client(s),

Welcome to the Family Service Kent Community Counselling Program. Please read and follow the instructions listed below. Any information collected will remain within Family Service Kent and will be kept strictly confidential.

Intake Process

1. Complete the Counselling Intake Profile form (see page 2): Please print clearly.

2. Include Proof of Income:

Our fees are based on the *total gross household income*. Please include a copy of your most recent income tax statement with the page that states “total income”. If your household income places you at the maximum session rate of \$100, no income information is required. The attached Fee Chart (page 3) provides you our sliding scale rates, and your assessed hourly rate 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 \$100.00/session fee will be charged if proof of income is not provided, or when employer benefits/private insurance is to cover the cost of counselling. Once this benefit is exhausted, you will be reassessed at a sliding scale rate. It is encouraged that you contact your benefit provider to inquire about coverage limits and restrictions.

3. Include \$25.00 Security Deposit:

This **non-refundable** deposit is required before booking your initial appointment, and will be applied towards the rate of your first visit. Please note, in the event you *No Show* or *Late Cancel* (cancelling with less than 24 hours’ notice), your security deposit will be applied to cover these costs. We accept cash, debit, Visa and e-Transfer; e-Transfer payments can be sent to payment@familyservicekent.com **(Please reference “Counselling Intake Fee” in the memo area and set the password to “payment”).**

Once the Intake Process outlined above is complete, we will contact you to set up your first appointment. Should you have any questions, please do not hesitate to contact us.

Sincerely,



Jennifer Richmond
Intake Coordinator
519-354-6221 ext. 233
Email: intake@familyservicekent.com

In proud partnership with:



COUNSELLING INTAKE PROFILE

Full Name:	Date of Birth: (dd/mm/yy)	/	/	
Address:	City:	Postal Code:		
Phone: _____	Okay to leave messages?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact & number: _____				
Email: _____				
Have you accessed services from us before? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Select which type of counselling you require: Individual <input type="checkbox"/> Couples <input type="checkbox"/> Family <input type="checkbox"/>				
<i>If Couples or Family Counselling was selected, please list other attendees, relationship to you, and their DOB:</i>				
_____		DOB: (dd/mm/yy) / /		
_____		DOB: (dd/mm/yy) / /		
<i>Please select the area(s) of focus are you seeking counselling services for:</i>				
<input type="checkbox"/> Anger Management	<input type="checkbox"/> LGBTQ Support	<input type="checkbox"/> Support		
<input type="checkbox"/> Anxiety/Stress	<input type="checkbox"/> Life Adjustments/Changes	<input type="checkbox"/> Trauma and/or PTSD		
<input type="checkbox"/> Caregiver Support	<input type="checkbox"/> Parenting Issues	<input type="checkbox"/> Work-Related Issues		
<input type="checkbox"/> Child Behaviour/Emotional Support	<input type="checkbox"/> Relationship/Marital Issues	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Depression	<input type="checkbox"/> Self-Esteem/Self-Confidence	_____		
<input type="checkbox"/> Family Issues	<input type="checkbox"/> Separation/Divorce	_____		
<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Sexual Assault Support	_____		
EMPLOYMENT/BENEFITS COVERAGE				
Are you an Ontario Works (OW) or ODSP recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>If yes, please contact OW at 519-351-8573 (option 0) as you may be eligible for covered counselling sessions.</i>				
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of employer: _____				
Do you have benefits to cover the cost of counselling? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>If yes, please indicate which benefit qualification(s) you require:</i>				
RSW (Registered Social Worker) Yes <input type="checkbox"/> No <input type="checkbox"/>		MSW (Masters of Social Work)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Registered Psychotherapist Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please note: Family Service Kent does not employ Psychologists or Psychiatrists				
ORDERS/COURT PROCEEDINGS/CHARGES				
Are you required/mandated to attend counselling? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please answer the following:</i>				
Agency: _____		Worker's name: _____		
Are you named in any current criminal charges, proceedings, or litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>If yes, please specify:</i> Restraining Order <input type="checkbox"/> Peace Bond <input type="checkbox"/> Restrictions <input type="checkbox"/> Conditions <input type="checkbox"/>				
DECLARATION				
I certify that all information provided as part of this application is accurate and true to the best of my knowledge.				
<input type="checkbox"/> I have included my proof of income to have my session rate assessed				
<input type="checkbox"/> I have not included my proof of income as I am set at the max fee rate				
<input type="checkbox"/> I have included my \$25 Intake Fee				
Signature: _____		Date: _____		



COUNSELLING FEE CHART

Family Service Kent receives grants and donations. As a result, we can provide service to you at a fair and equitable rate. 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 be advised of the following:

1. “No shows” or “Less than 24 hours cancellation notices” will result in a fee, which must be paid before any future appointments will be booked.
2. All group fees are to be paid (in full) prior to the group start date.
3. Family Service Kent has an appeal form should you need financial relief assistance with your determined session rate according to the Fee Chart below.
4. We accept cash, debit, VISA and e-Transfer (payment@familyservicekent.com; please reference “Counselling Intake Fee” in the memo and set the password to “payment”)

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		