

50 Adelaide Street South • Chatham, Ontario • N7M 6K7 • Phone: (519) 354-6221 • Fax: (519) 354-5152

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. Fees

We have a variety of payment options. When it comes to Family Service Kent's Counselling Program, our goal is to provide all people with access to affordable mental health care.

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. We accept cash, debit, credit card and e-Transfer (payment@familyservicekent.com); please reference "Counselling Intake Fee" in the memo and set the password to "payment")

****Please note:** The maximum \$120.00/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").

****Please note, if your counselling is covered financially by Ontario Works, Ontario Disability Support Program (ODSP) or FSEAP through your workplace, you are not required to pay the \$25.00 deposit.**

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,

In proud partnership with:

fseap Now we're talking.



Sara Devlaminck
Intake Coordinator
519-354-6221 ext. 233
Email: intake@familyservicekent.com

 Chatham-Kent

Ontario 



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 an ODSP recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>If yes, please contact OW at 519-351-8573 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.
- I have included my \$25 Intake Fee
- My counselling is covered financially by Ontario Works, Ontario Disability Support Program (ODSP) or FSEAP through my workplace, I am not required to pay the \$25.00 deposit.

Signature: _____ **Date:** _____

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