



COUNTY OF WETASKIWIN COUNSELLING SUBSIDY APPLICATION

APPLICANT INFORMATION					
Name				Application Date	
Mailing Address					
City				Postal Code	
Phone #		Cell #		Can a message be left ☐ No ☐ Yes	
Email		Preferred Method of Contact ☐ Phone # ☐ Cell # ☐ Email			
Gross Family Income		\$		Who is therapy for if different than the applicant ?	
Type of Counselling needed: ☐ Individual ☐ Group			Preferred Method of Therapy: ☐ In Person ☐ Video Conference		
Select Counselling Provider: ☐ Hooves of Hope Ranch (Millet) ☐ Family Counselling Centres (Leduc/Beaumont) ☐ Turning Point Marriage and Family Therapy (Millet) ☐ Prairie Grove Counseling Services (Wetaskiwin)					
In the space below provide primary issue(s) to be addressed through Counselling?					
Previously used Counselling Services? ☐ No ☐ Yes				If yes, when	
Previously used Counselling Subsidy? ☐ No ☐ Yes				If yes, when	
PARENTS/GUARDIANS INFORMATION FOR CLIENTS UNDER 18					
1. Name				1. Relationship to Applicant	
1. Phone #					
2. Name				2. Relationship to Applicant	
2. Phone #					
For children under 18: Does the child live with both biological parents? ☐ No ☐ Yes					
If no, is there a custody agreement ☐ No ☐ Yes (Parental Consent must be submitted as attachments)					
OTHER SUPPORTS					
Other agencies/services presently connected with					
Client on probation ? ☐ No ☐ Yes		If Yes		P.O. Name:	
				Phone #	
FEE ASSESSMENT					
Insurance/EAP				Yes, explain:	
Consent to share personal information with Counselling Clinic ☐ No ☐ Yes					
APPLICANT PRINT NAME			APPLICANT SIGNATURE		

FOR OFFICE USE ONLY			
Approved by		Signature	
Approved # of Sessions		Session Fee	
Expiry Date			