



WHISTLER COMMUNITY SERVICES SOCIETY
"A Helping Hand Toward A Healthy Community"

Counseling Assistance Fund

COUNSELING ASSISTANCE FUND APPLICATION FORM 2009-10

Dear Applicant,

The Counseling Assistance Fund has been set up to assist financially restricted individuals and couples in crisis. If you meet the criteria outlined in the client information section, you can access \$50/hour to put toward counseling, to a maximum of 6 hours. Occasionally, in cases of extreme need we will approve more sessions on referral of your counselor, or subsidize more. You will pay no more than \$35 hour. If you are not already a member of WCSS YOU WILL BE ASKED TO SIGN A MEMBERSHIP AND RECEIVE A MEMBERSHIP NUMBER.

Return the completed form WITH PROOF OF INCOME to your Outreach Worker to be processed or can be faxed to 604-932-0599, or dropped off at our Spruce Grove offices. You will be notified as to your eligibility and can then commence your sessions. Your Counselor will invoice WCSS directly and you will be required to pay the balance to your counselor directly.

CLIENT INFORMATION

Name: _____ Date: _____

Email: _____

Mailing Address: _____

Phone Number: _____

Is your gross family income equal to or below the following income levels:	
Family Size	Gross Annual Family Income
1	\$22,619
2	\$28,273
3	\$35,164
4	\$42,565
5	\$47,581
6	\$52,596

Do you meet the following criteria?

1. Are you a Whistler resident, employee or have children attending a school in Whistler? Yes/No
2. Provide one of the following: copy of last years income tax assessment statement, 1 month of pay stubs from your employer(s), or a letter from your employer(s) stating your earnings.
3. Check your gross family income. If your gross family income is up to 10% greater than these values, ask us about the sliding scale subsidy
4. Other (e.g. other circumstances affecting your financial situation) please specify:

I have read and agree to the terms and conditions of accessing this fund: _____

(Signature)

