



4720 50 St
Box 2097
Stettler AB T0C 2L0
1-403-742-2337
Fax 1-403-742-1391
www.stettlerfcss.com

Last name, First name _____

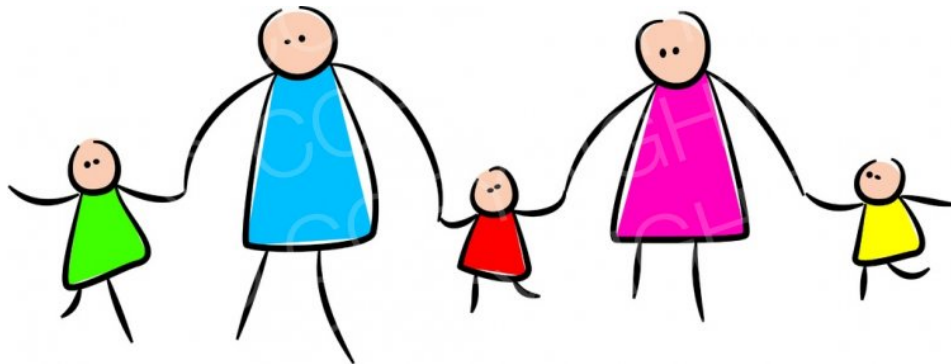
Adult Counselling Package

The Stettler & District Family and Community Support Services (FCSS) provides preventative counselling services for residents of the Town and County of Stettler. Upon receipt of your application, it is our responsibility to ensure there is no existing conflict of interest.

The charge for this service is based on income using a sliding scale. We attempt to provide services to clients at an affordable price. Fees will be determined on an individual basis prior to your first appointment.

CRA Notice of Assessment required for all household income.

Completed application forms can be submitted to FCSS at 4720-50 Street. For more information or inquiries please call FCSS at 403-742-2337



Assessment, Counselling, and Referral

- **Trauma, Grief and Loss**
- **Addictions Recovery**
- **Relationship Assessment and Referral where appropriate**
- **Individual Assessment and Intervention**
- **Children and Family Transitions**
- **Spirituality (upon requests)**



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Client Application

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Daytime Contact Number _____ Email _____

Mailing Address: _____

City _____ Province _____ Postal Code _____

Emergency Name _____ Emergency Number _____

Reason for Counselling _____

Relationship Status

Single Married Common-law Separated Divorced Widowed

Number of Dependents _____ Ages _____

Do you self-identify as:

Indigenous
 Francophone
 English/French is not your first language

Were you born in Canada? Yes No

If no, length of time you have been residing in Canada?

Less than 1 year
 Over 1 year but less than 3 years
 Over 3 years but less than 5 years
 5 years or more

Referred by: _____

I have read the information provided in this application and is true to the best of my knowledge.

Signature: _____ **Date** _____

For Office Use Only

Counselling Rate: _____