Stettler & District FCSS
Family & Community Support Services

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 _____

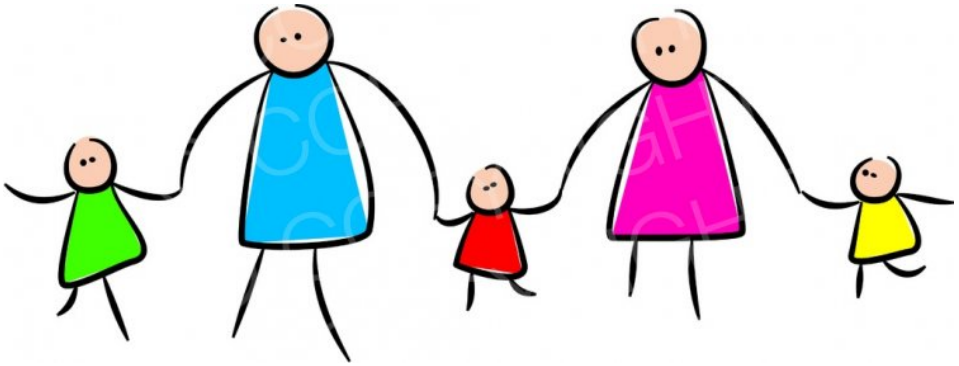
# Minor Counselling Package

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 (minor)

**Parent/ Guardian #1 Information**

Last Name _____ First Name _____

Daytime Contact Number _____ Email _____

Mailing Address: _____

City _____ Province _____ Postal Code _____

**Parent/ Guardian #2 Information**

Last Name _____ First Name _____

Daytime Contact Number _____ Email _____

Mailing Address: _____

City _____ Province _____ Postal Code _____

Please describe the terms of guardianship (i.e. parent (natural/adoptive), grandparent, appointed guardian, legal guardian etc.)

_____

**Client/Minors Information**

Last Name _____ First Name _____

Gender _____ Date of Birth _____

Emergency Name _____ Emergency Contact Number _____

Reason for Counselling _____

_____

Does your child self-identify as:

- ☐ Indigenous
- ☐ Francophone
- ☐ English/French is not your first language

Was your child born in Canada? ☐ Yes ☐ No

If no, length of time your child has 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

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# Client Application (minor)

Referred by _____

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

**Date**

**Parent/Guardian #1 Signature:** _____ _____

**Parent/Guardian #2 Signature:** _____ _____

**For Office Use Only**

**Counselling Rate:** _____