



MENTAL HEALTH FUNDING APPLICATION

Nurturing spirit | Being Community | Living Generously.

YOUR APPLICATION WILL BE KEPT CONFIDENTIAL. IT WILL ONLY BE REVIEWED BY THE MOUNT SEYMOUR UNITED CHURCH MENTAL HEALTH MINISTRY TEAM AND ORDAINED MINISTERS FOR THE SOLE PURPOSE OF ASSESSING YOUR APPLICATION.

Application Information

Full Name: _____ **Date:** _____
Last First

Address: _____
Street Address Apartment #/Unit

City Province Postal Code

Phone: _____ **Email:** _____

Financial Situation

The funding program prioritizes persons who are unable to afford mental health care. Please let us know the following information, so that we may take your situation into account.

Family Annual Income (Sum Total of All Line 15000 figures of the income tax return(s) of all adults in your household): _____

Do you have any insurance that provides reimbursement for s counselling? If so, what is the extent of that coverage?

Any other information relevant to your family's financial situation:

Mental Health Situation (Optional)

The funding program prioritizes those persons facing the most critical mental health care issues. As such, to the degree that you are comfortable, please let us know what you are currently facing so that we may take it into account.

Summary of your mental health situation (ongoing stresses, recent events, chronic conditions affecting you or those you care for):

Other Information (Optional)

If you believe there is any other information that will help us evaluate your request for funding, please let us know.

How did you hear about this mental health financial support?

Preferred Counsellor (Optional)

Preferred Counsellor: _____

Address and Phone Number: _____

Rate Charged: _____

Declaration, Attendance, Security Deposit, Release and Signature

Certification: *I certify that my answers above are true and complete to the best of my knowledge.*

Attendance: *If this application leads to the approval of eight sessions of counselling at no cost to me, I confirm that I will make best efforts to attend each appointment.*

Security Deposit: *I confirm that if I am accepted for funding, I will provide a \$50 cheque or funds as a Refundable Security Deposit to secure my attendance at my sessions. This deposit will be returned to me when all sessions are complete, or when I advise Mount Seymour United that I do not wish to receive any further funding. However, if I fail to attend any scheduled session without having made arrangements as required by the counsellor, my Security Deposit will be forfeited. Any forfeited Security Deposit will be added to the program's funding and used for other applicants. A failure to attend two scheduled sessions will result in my funding being suspended. I consent to my counsellor advising Mount Seymour United Church Mental Health Committee if a session has been missed.*

Release: *I understand that Mount Seymour United Church is only providing funding, and that I will be the client of the treating health practitioner, not Mount Seymour United Church. I understand that Mount Seymour United Church, its Members and its Directors, Officers, committee members, members, employees and volunteers are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by me during, or as a result of, the funded counselling, caused in any manner whatsoever including, but not limited to, the negligence of Mount Seymour United Church.*

I am participating voluntarily in any funded counselling. I acknowledge that I am aware of and accept any risks, dangers and hazards associated with or related to receipt of the funded counselling.

Signature: _____

Date: _____

Please return this form to:
Mental Health Ministry Team - Mount Seymour United Church
1200 Parkgate Avenue, North Vancouver V7H 2X9
or email to mentalhealthmsuc@gmail.com