



SUBSIDY APPLICATION FORM

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ UNIT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

FINANCIAL INFORMATION

HOUSEHOLD SIZE¹ _____ GROSS ANNUAL HOUSEHOLD INCOME² _____

¹Household size is the number of people living in the same dwelling sharing common financial resources.

²Annual household income is the combined gross annual income of everyone in the same household. Gross annual income is shown on line 150 of the tax return. BCG reserves the right to request formal documentation for proof of income.

Subsidy is granted only when funding is available. The subsidized rate is valid for up to 10 sessions or 5 months (whichever comes first). All subsidy applications and renewals are subject to approval by BCG Management. Due to the limited availability of BCG subsidies, please also explore other funding sources and list them below. Third-party sources must be exhausted before the subsidized rate takes effect. Please include additional notes and documents if there are other extraordinary circumstances that affect your ability to pay. All information will be kept strictly confidential.

THIRD-PARTY FUNDING SOURCE(S)

Family Support (not already counted in your household)

Name _____

\$ _____ (circle one) per session or per year

Church / Social Service Agency

Name _____

\$ _____ (circle one) per session or per year

Extended Health Care / Employee Assistance Program

Plan Name _____

Type of credentials it covers? _____

\$ _____ (circle one) per session or per year

Others (Please specify)

\$ _____ (circle one) per session or per year

I give consent to Burnaby Counselling Group to contact me about my subsidy granted: Yes No

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Matched Therapist _____ Reviewed on ____|____|____ Approved Session Rate \$ _____ Processed by _____