

Kids Matter Calgary Counselling Bursary Application Form

Information required

- ☐ A completed and signed application from a parent/guardian
 - Includes permission to contact counselling service provider for the following information:
 - Number of sessions required
 - Cost per session
 - Certification of counsellor (only certified counsellors and psychologists will be approved)
- ☐ A current letter from a medical/social/educational professional other than the service provider which states:
 - Diagnosis/needs of the child
 - Reason for need for the bursary request
- ☐ Current Notice of Assessments for each adult in the family that shows line 15000

Additional information may be requested.

Email your completed form and documents to info@kidsmattercalgary.ca

After you apply

- We will contact you by phone or email once the application has been reviewed
- Depending on volume, we hope to contact you with a decision within 1 – 2 weeks
- If your application is accepted, Kids Matter Calgary will provide a letter stating the amount of the bursary approved, including terms and conditions which you will be required to sign
- Kids Matter Calgary will pay the approved bursary directly to the counselling service provider
- You will have up to one year from the approval date to use the funds approved. All funds that are unused after a year will no longer be available to you. You may re-apply for another bursary if needed
- Kids Matter Calgary will not pay for services prior to approval
- Kids Matter Calgary will not pay for any appointments missed or late cancellation fees
- While we would like to support all families that apply, an application does not guarantee funding

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Child Information				
First Name		Last Name		Date of Birth
Address		City	Province	Postal Code
Legal Guardian Information				
Guardian #1				
First Name		Last Name		Phone Number
Address (if different from child)		City	Province	Postal Code
Relationship to Child		NOA attached Yes ☐ No ☐	Email Address	
Occupation		Employer		
Guardian #2 (if applicable)				
First Name		Last Name		Phone Number
Address (if different from child)		City	Province	Postal Code
Relationship to Child		NOA attached Yes ☐ No ☐	Email Address	
Occupation		Employer		
Sibling Information (if applicable)				
Number of siblings				

Education or Health Care Professional Reference Information			
Name Title/Professional Designation	Agency/ Organization Name	☐ Referral Letter Attached	
Address	City	Province	Postal Code
Additional Funding Information			
Employer Extended Healthcare/Benefits	☐ Y / ☐ N	Amount/Coverage	
FSCD	☐ Y / ☐ N	Amount/Coverage	
Other funding	☐ Y / ☐ N	Amount/Coverage	
Funding Request			
Name of certified counsellor		☐ I give permission to contact service provider to discuss contract/funding information	
Agency/Organization (if applicable)	Email address	Phone Number	
Address	City	Postal Code	
Estimated Total Cost	Length of Sessions	Number of Sessions	Cost per Session
Additional Information			
If you have additional information to share regarding your child, you may include a letter in a separate document and attach it to your application.			

Please send complete applications with supporting documents together to:

info@kidsmattercalgary.ca

Consent, Confidentiality & Authorization

Kids Matter Calgary respects and upholds an individual's right to privacy. Your child's information/application will be maintained as a confidential and secure record.

If deemed necessary by Kids Matter Calgary for the purpose of determining eligibility for funding, I give consent to Kids Matter Calgary to share file information (with identifiers removed) with potential partnership funders.

PLEASE ENSURE YOUR APPLICATION IS COMPLETE WITH ALL SUPPORTING DOCUMENTS BEFORE SUBMITTING.

Applications with any missing information or documents will not be considered.

Completed applications do not guarantee funding.

If approved, only funding approved for counselling will be paid for and will be paid directly to the therapist/organisation providing the approved counselling.

I, _____, parent/guardian to (child's name) _____

hereby agree to the above, that the information included in this application is accurate and complete to the best of my knowledge and that I have read and understand Kids Matter Calgary's requirements and eligibility for funding requests.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature	Date

Please keep copies of all documents for your records. We are unable to return documents.

Please ensure your application and supporting documents are included with your request.

PLEASE DO NOT SEND DOCUMENTS SEPARATELY.