



Andrew's Fund Application Form

Client Eligibility:

1. Males between the ages of 18 and 40
2. Residents of Thunder Bay or surrounding area
3. Not currently receiving funding from other mental health programs or have any other means of paying for private services

There is no guarantee that applications will be accepted due to limitations in funding. Our intention is to do our best to supplement pre-existing services and to help bridge the gap for those that have limited access and resources. _____ Initials

Client Name:	
Preferred Name/Nickname:	
Date of Birth:	Gender:
Address:	
Contact Information:	Phone:
	Can we leave messages?
	Email Address:
Status Number (if applicable)	

If you do not meet the eligibility criteria but wish to apply anyway, please explain why you would like to be considered:

1. Counselling Sessions are requested to address the following (check all that may apply):

- | | |
|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sexual violence and assault |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Suicidal thoughts / self harm | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Substance Abuse | _____ |

2. Have you accessed counselling services in the past?

- Yes If yes, when and with which provider? _____
- No

3. Are you currently attending counselling?

- Yes
- No (if no, skip to question 5)

4. If so, how are your sessions funded?

- Myself
- Insurance
- Government programs/funding

By checking this box, I understand:

- This program provides coverage for psychotherapy and counselling services
- This program DOES NOT provide medication or diagnosis
- Coverage for sessions is NOT guaranteed
- Services covered under this program may not be immediate and there is no guarantee of a timely appointment.
- Statistics (e.g., age range, problem types, frequency of sessions) about program usage are communicated to the Andrew Miedema Foundation periodically.

A NOTE ON CONFIDENTIALITY

Submitted applications are confidential, and you can expect that your personal information is protected per the Personal Health Information Protection Act (PHIPA, 2004).

Client Signature : _____ **Date:** _____