2343 Pillette Rd • Windsor, Ontario • N8T 1P7 • Phone: (519) 250-9096

Dear Prospective Client,

Welcome to the Noah's House Counselling Program. Please read and follow the instructions listed below. Any information collected will remain within Noah's House and will be kept strictly confidential.

# **Intake Process**

1. Complete the Counselling Intake Profile form (page 2): Please clearly print.

## 2. Include Proof of Income:

Our fees are based on the *total gross household income*. Please include a copy of your most recent income tax statement with the page that states "total income". If your household income places you at the maximum session rate of \$100, no income information is required. The attached Fee Chart (page 3) provides our sliding scale rates, and your assessed hourly rate will be provided to you at the time of intake. Session fees are to be paid prior to each session. If there are outstanding fees on accounts, re-scheduling will not be permitted.

\*\*Please note: The maximum \$100.00/session fee will be charged if proof of income is not provided, or when employer benefits/private insurance is to cover the cost of counselling. Once this benefit is exhausted, you will be reassessed at a sliding scale rate. It is encouraged that you contact your benefit provider to inquire about coverage limits and restrictions.

## 3. Include \$30.00 Security Deposit:

This **non-refundable** deposit is required before booking your initial appointment. Please note, in the event you *No Show* or *Late Cancel* (cancelling with less than 24 hours' notice), your security deposit will be applied to cover these costs. We accept cash, debit, credit card and e-Transfer;

E-Transfer payments can be sent to <a href="mailto:fundraising@noahshouse.ca">fundraising@noahshouse.ca</a>

Once the Intake Process outlined above is complete, we will contact you to set up your first appointment. Should you have any questions, please do not hesitate to contact us.

Sincerely,

Laura Starling

Laura Starling President & CEO 519-250-9096

Email: Lstarling@noahshouse.ca



Full Name:	Date of Birth: (dd/mm/yy)	1 1		
Address:	City:	Postal Code:		
Have you accessed services from us before? Yes □	No □			
Home Phone:	Okay to leave messages? Okay to leave messages?			
Other:	Okay to leave messages?			
Please select the area(s) of focus are you seeking counselling services for:				
Anxiety/Stress Life A Caregiver Support Paren Emotional Support Relati Depression Self-E	Q Support djustments/Changes ting Issues onshipIssues steem/Self-Confidence al Assault Support	Trauma and/or PTSDWork-Related IssuesOther		
EMPLOYMENT/BEN	IEFITS COVERAGE			
Are you an Ontario Works (OW) or ODSP recipient? Yes \( \text{No} \) \( \text{If yes, please contact OW at 519-351-1228 (option 0)} \) as you may be eligible for covered counselling sessions.  Are you currently employed? Yes \( \text{No} \) \( \text{If yes, name of employer:} \) \( \text{Do you have benefits to cover the cost of counselling?} \( \text{Yes} \) \( \text{No} \) \( \text{If yes, please indicate which benefit qualification(s) you require:} \) \( \text{RSW (Registered Social Worker)} \( \text{Yes} \) \( \text{No} \) \( \text{MSW (Masters of Social Work)?} \( \text{Yes} \) \( \text{No} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{No} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{No} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work)} \( \text{Yes} \) \( \text{Do Institute of Social Work} \) \( \text{Yes} \) \( \text{Do Institute of Social Work} \)				
ORDERS/COURT PROCEEDINGS/CHARGES				
Are you required/mandated to attend counselling? Yes  No  If yes, please answer the following:  Agency:  Worker's name:				
Are you named in any current criminal charges, proceedings, or litigation?				
If yes, please specify: Restraining Order □ Peace Bond □ Restrictions □ Yes □ No □ Conditions □ Please list conditions:				
DECLARATION				
I certify that all information provided as part of this application is accurate and true to the best of my knowledge.  ☐ I have included my proof of income to have my session rate assessed ☐ I have not included my proof of income as I am set at the max fee rate ☐ I have included my \$30 Intake Fee				
Signature:	Date:			



# COUNSELLING FEE CHART

Noah's House does not receive any funding from the government. As a result of fundraising efforts and the support of our community, we are pleased to offer our counselling services at a fair and equitable rate. We understand that affordability is an important factor when seeking counselling services, and we strive to provide transparent pricing to ensure accessibility for all individuals. To assist you in understanding the approximate cost of each session, we have provided a Fee Chart below.

## Please be advised of the following:

- 1. "No shows" or "Less than 24 hours cancellation notices" will result in a \$30 fee, which must be paid before any future appointments will be booked.
- 2. All fees are to be paid (in full) prior to the session date.
- 3. Noah's House will look at each individual case should you need financial relief assistance with your determined session rate according to the Fee Chart below.
- 4. We accept cash, debit, credit and e-Transfer fundraising@noahshouse.ca

<b>Gross Family Income</b>	Assessed Fee	Gross Family Income	Assessed Fee
\$0- \$19,999	\$0.00/session	\$50,000-\$54,999	\$40.00/session
\$20,000- \$24,999	\$5.00/session	\$55,000-\$59,999	\$50.00/session
\$25,000-\$29,999	\$10.00/session	\$60,000-\$64,999	\$60.00/session
\$30,000-\$34,999	\$15.00/session	\$65,000-\$69,999	\$70.00/session
\$35,000-\$39,999	\$20.00/session	\$70,000-\$74,999	\$80.00/session
\$40,000-\$44,999	\$25.00/session	\$75,000-\$79,999	\$90.00/session
\$45,000-\$49,999	\$30.00/session	\$80,000+	\$100.00/session