



Subsidy Type					
<input type="checkbox"/> City of Lethbridge/FCSS Subsidy <input type="checkbox"/> Crossroads Counselling Internal Subsidy					
Personal Information					
First Name:		Middle:		Last Name:	
Street Address:				City:	
Province:		Postal Code:		Date of Birth:	
Main Phone:		Other Phone:			
Marital Status			Other		
<input type="checkbox"/> Single	<input type="checkbox"/> N/A - Child	Used Subsidy Before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____			
<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law	# of Years in Canada? _____			
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Widowed		Aboriginal or Metis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Income					
Self			Spouse		
Employer/Income Source: _____			Employer/Income Source: _____		
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		
Estimated Monthly Net Income: _____			Estimated Monthly Net Income: _____		
Do you receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you receive any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Source: _____ Amt: _____			Source: _____ Amt: _____		
We require that you verify your income. You can do this by presenting your T4, Notice of Assessment, or 2 current pay-cheque stubs.					
Expenses					
Self			Spouse		
Do you have any special expenses?			Do you have any special expenses?		
(ie: Blue Cross, Child Support, Child Care, Medications)			(ie: Blue Cross, Child Support, Child Care, Medications)		
Description: _____ Amt: _____			Description: _____ Amt: _____		
How much do you pay for your rent or mortgage each month (not including utilities)? _____					
We require that you verify your special expenses. You can do this with the last three months worth of receipts for each.					
<p>I declare that I am in need of a fee subsidy because of my limited income and that I do not have extended health benefit coverage or that I have exhausted my entitlement for this fiscal year. The information I have provided is an accurate and true description of my income and I agree to update Crossroads regarding any financial changes that occur during the time I am using the services at Crossroads.</p>					
Name: _____			Signature: _____		
Date: _____					

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