



## Application for Subsidy Support

At Lionheart Foundation, we believe that therapeutic supports should be accessible to everyone who needs them, regardless of income or financial barriers.

The Lionheart Foundation Subsidy Program provides financial aid for adolescent girls, young women and their families to access psychological counselling, therapeutic services and therapy.

All treatments must be provided by a Lionheart Foundation approved Therapist / Counsellor or service provider.

Individual Applying for Subsidy Support:

Client

Parent/Guardian

**CLIENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PARENT / GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PARENT / GUARDIAN NAME:** \_\_\_\_\_



ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

I am seeking Subsidy Support to:

- Begin therapy
- Continue therapy
- Re-engage in therapy

I am applying for Subsidy Support for the following therapeutic concerns (check all that apply):

- Trauma
- Anxiety
- Addictions
- Self-harm
- Disordered Eating
- Relationship Problems
- Grief
- Body Image
- Other: \_\_\_\_\_

List the names and relationship to the client for all individual(s) requesting a subsidy (i.e. client, mother, father, sister, brother etc.):

Name	Relationship



CURRENT THERAPIST/COUNSELLOR/SERVICE PROVIDER NAME:

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

Please provide the private practise rate: \_\_\_\_\_

I acknowledge that I am unable to afford to the listed private practise rate.

I am seeking Subsidy Support for the following:

- Individual/Family Subsidy of \$ 100 per hour
- \*Nutritional Counselling
- \*Increased Individual/Family Subsidy \$ \_\_\_\_\_ per hour
- \*Other Subsidy \$ \_\_\_\_\_

Therapeutic Services Start Date: \_\_\_\_\_

\*Please provide details and rationale for other subsidy requests or an increased subsidy amount.

**Certification**

I/We, the undersigned hereby agree to the above and acknowledge that I/we have read the Lionheart Foundation Subsidy Program Guidelines (attached). I/We certify that the information provided in this application is true, correct and complete to the best of my/our knowledge.

**Consent to Contact**

I/We agree that Lionheart Foundation may:

- Contact my/our therapist, counsellor or service provider, with regards to my/our Subsidy Support application for the purpose of determining subsidy qualification, facilitating subsidy payments, verification of sessions attended, number of future sessions required, completion of therapy, and changes or modifications to an approved subsidy.
- Contact me/us for the following purposes:





- To carry out inquiries and provide information for the purposes of processing this application or addressing an application.
- To verify information provided in the application in order to determine approval, qualification for subsidies, changes or modifications to an approved subsidy.
- To advise and provide me/us with information regarding Lionheart Foundation and the Subsidy Program.
- To verify invoiced therapeutic services.

**Release and Waiver**

The undersigned hereby release and indemnify and save harmless, Lionheart Foundation and its agents, employees, officers and directors from and against any and all expenses, claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind, howsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting here from including without limitation anything based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of Lionheart Foundation, its agents, employees, officers and directors. We acknowledge that Lionheart Foundation has no role in prescribing or recommending therapeutic services; selecting a therapist or service provider; and the relationship between the undersigned Individual (s) Applying for Subsidy Support and/or parent/guardian and any therapist or service provider

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_





## **Subsidy Program Guidelines and Frequently Asked Questions**

### **How does Lionheart Foundation help?**

Lionheart Foundation provides subsidies and financial aid to adolescent girls, young women and their families facing financial barriers, so they can access and participate in counselling, therapy and therapeutic supports to address anxiety and anxiety based issues.

Lionheart Foundation subsidies must be used for services provided by qualified therapists, counsellors and service providers that have been approved by the Foundation.

### **Who is eligible to receive a Juno Foundation Subsidy and Financial Aid?**

- Adolescent girls, young women and their families who are unable to afford the private practice rate of therapy, counselling or therapeutic services.
- Lionheart Foundation considers social and economic barriers facing the family when determining eligibility.
- Those who financially qualify for a subsidy must also be an adolescent girl or young woman between 12- 25 years of age.

### **What does a Lionheart Foundation Subsidy cover?**

Lionheart Foundation provides financial aid and support to those in the Calgary area to a maximum of \$100/per hour for individual therapy.

The Foundation recognizes that special circumstances may exist where an increased subsidy amount may be required; these will be considered and approved on an individual basis.

Subsidies are intended to be used to subsidize individual therapy, counselling or nutrition counselling fees by Lionheart Foundation approved agents only.

### **Is there a deadline to apply?**

It's best to submit your application to Lionheart Foundation as soon as you seek therapy or therapeutic services.

Therapeutic services that have been previously completed are not eligible for funding.

Please direct any questions or concerns about the Subsidy Program to:

Lorie Gibson, Executive Director

403.978.5866

[info@lionheartfoundation.ca](mailto:info@lionheartfoundation.ca)