PSYCHOLOGISTS ASSOCIATION of ALBERTA

Canadian Mental Health Association Alberta | Association canadienne pour la santé mentale Alberta

PSYCHOLOGICAL SERVICES FUND
APPLICATION FORM

APPLICANT SEEKING TREATMENT			
NAME of the Psychologist or CMHA worker applying for funds			
COMPANY OR FIRM (if applicable)			
ADDRESS			
PHONE NO.	( )	FAX NO.	( )
EMAIL			
NAME of the Client for whom psychological services are sought			
Client address			
Client phone no.	( )		
❑ One-time assessment ❑ Series of counselling sessions			
I have read and understand the attached information sheet, attest to the client's financial need, and am a member of the PAA (for psychologists)			
SIGNATURE		DATE	

Mail, email or fax to:

Mara Grunau
Chief Executive Officer
Canadian Mental Health Association, Alberta Division
and Centre for Suicide Prevention
Clo Psychologists' Association of Alberta 101, 1259 -91 Street SW
Edmonton, AB T6X 1E9

Tel (780) 424-0294
Toll Free 1-888-424-0297
Email: paa@paa-ab.ca

For office use only			
CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA DIVISION AND CENTRE FOR SUICIDE PREVENTION - APPROVAL			
YES ❑ NO ❑			
SIGNATURE OF EXECUTIVE DIRECTOR		DATE	
NO. ASSIGNED TO APPLICANT			