Catholic Family Services
of the Battlefords Inc.

#101 1272 -101st Street
North Battleford, SK S9A 0Z8

Phone (306) 445-6960 Fax (306) 445-0434

Email: reception@battlefordscfs.ca

SELF DECLARATION FORM - COUNSELLING FEES

(Revised February 2021)

Please complete this form to be considered for alternate counselling fee options. Please check the box that applies to your circumstance and sign the bottom of the page.

☐ I declare that my household income is below $55,000 annually ($35 per session).

☐ I declare that I am currently residing at the Interval House (Fees will be waived).

Please sign or type your full name below. By providing your typed name, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

I acknowledge that the information I have given is accurate and complete.

_____	_____	_____
Name	**Signature**	**Date**

Witnessed by:

_____	_____	_____
Name	**Signature**	**Date**