



Canadian Mental Health Association (CMHA), Simcoe County Branch (SCB)
Family Caregiver Services - Application for Support

Please fill out this form to receive further information about support to family members and caregivers offered from CMHA SCB

If multiple family members would like support, everyone wishing to participate must complete their own application for support form.

Family Caregiver Services offered at CMHA SCB are available to individuals whose loved one lives with mental health and/or addiction concerns. Family support staff do not provide counselling services.

Contact information *Mandatory Fields

*First name: _____ *Last name: _____ *Date of Birth: _____
 (mm/dd/yyyy)
 Gender identity: _____ Health card number: _____
Why am I being asked for my date of birth? It is a unique identifier that verifies you are the correct person when registering and accessing family caregiver services and groups provided by CMHA SCB.

Street Address: _____ City: _____ Postal Code: _____
 *Email address: _____ Permission to contact (will send group confirmation and details)
 Main Phone #: _____ Permission to contact Permission to leave voicemail
 Cell Phone #: _____ Permission to contact Permission to leave voicemail

Service Information

Have you received services from CMHA before? No Yes
 How did you hear about CMHA SCB Family Caregiver Services? _____
 What is your relationship to the person you are supporting? _____
 How long have you been supporting them? _____
 Do you know the health concern(s) of your loved one? No Yes
 If yes, please select one: _____
 Preferred official language to receive service in: _____
 Reason(s) for requesting service: _____

What format of services are you interested in:
 (select all that apply)

The family support staff are here to share information and help you navigate the mental health and addiction system in Simcoe County. The family groups offer a place to learn, connect and receive support to cope and manage. The staff are not your primary worker, nor do they provide counselling services.	System Navigation
	Psychoeducational Group Events
	Family Support Group Meetings

By signing below, I consent to being contacted by CMHA SCB family support staff to discuss my application.

Signature: _____ Date: _____
 (mm/dd/yyyy)

Please email this form to Tara Maxwell: tmaxwell@cmhastartalking.ca
 A family support staff member will contact you via email to discuss the support options that are available for you.

Confidentiality: Contents of this form are confidential and will be stored and secured as personal health information as required, as outlined within Personal Health Information Protection Act, 2004 (PHIPA).