CLIENT APPLICATION



CONTACT INFORMATION					
NAME OF APPLICANT	GENDER	: DATE OF BIRTH (M/D/Y):			
SPOUSE NAME (IF APPLICABLE)	Gender	c: DATE OF BIRTH (M/D/Y):			
STREET ADDRESS					
CITY & POSTAL CODE					
PREFERRED PHONE NUMBER					
E-Mail Address					
BRIEF DESCRIPTION OF SITUATION					

CHILD(REN)'S INFORMATION

FULL NAME (INCLUDING LAST NAME)	AGE	GENDER	BIRTHDAY (M/D/Y)	CHILD'S RELATIONSHIP TO DECEASED

HOW CAN CRCCS SUPPORT YOU (NOW OR IN THE FUTURE)

PLEASE CHECK ALL THAT APPLY:

GRIEF AND BEREAVEMENT COUNSELLING		ANNUAL TOY DRIVE	
BOOKS AND OTHER RESOURCES		INFORMATION ON SUPPORT GROUPS	
SUMMER CAMPS		BURSARIES	

DOCUMENTATION						
CRCCS OPERATES A STRICT CONFIDENTIALITY POLICY. ANY INFORMATION PROVIDED IS HELD IN CONFIDENCE AND WILL NOT BE PROVIDED TO ANYONE FOR ANY REASON.						
TO MEET THE REQUIREMENTS WITH OUR BC OPURPOSES. PLEASE INCLUDE WITH YOUR APPL		THE DEATH CERTIFICATE IS REQUIRED FOR FILING				
COPY OF THE DEATH CERTIFICATE INCLUDED (PLS CHECK BOX)						
BEREAVED BY:						
Name of the deceased						
YOUR RELATIONSHIP TO THE DECEASED						
DATE OF BIRTH (M/D/Y)						
DATE OF DEATH (M/D/Y)						
HOW DID YOU HEAR ABOUT CRCCS? (CHECK ALL THAT APPLY)						
FRIEND	SCHOOL	WEBSITE				
FAMILY	SOCIAL MEDIA	ONLINE				
PROFESSIONAL	COUNSELLING OFFICE	OTHER:				
AGREEMENT & SIGNATURE						
BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS AND INFORMATION IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I						
AM ACCEPTED FOR SPONSORSHIP, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE TERMINATION.						
NAME (PRINTED)						

If you have any questions regarding the application or support, please contact $\underline{\mathsf{INFO@crccs.ca}}$

SIGNATURE DATE

PLEASE SUBMIT COMPLETED APPLICATIONS TO: INFO@CRCCS.CA