

CHRIST COMMUNITY CHURCH COUNSELING FINANCIAL ASSISTANCE REQUEST

By completing the information below you are requesting that Christ Community Church help pay for counseling or other services. It is your responsibility to accurately complete this form. Thank you.

Client Name(s): _____ Date of application: _____

Household size (including all dependents): _____ Monthly household net income: _____

Church home (circle one)

- a) Member of Christ Community Church b) Regular attender at Christ Community Church
c) Attend another local church d) Do not attend church

Reason for counseling or other services (brief description):

Will health insurance cover some of the cost? _____ If so, how much? _____

How much can you pay toward counseling fees (per one hour session)?
(Circle one) \$60 \$50 \$40 \$30 \$20 less than \$20

Additional information that will help Christ Community Church in determining financial assistance (such as extraordinary medical expenses, child care, etc.)

I, _____ (client name) declare all information above to be accurate, and give my permission to release this information from _____ (service provider agency) to _____ (Christ Community Church representative) for the purpose of determining financial assistance, and for no other reason.

In the future, and as you are able, we hope that you prayerfully consider contributing to your church in a way which will help others to receive similar assistance.

Church Use Only

_____ Our church will provide a total amount of \$ _____

_____ Our church approves _____ sessions with a financial assistance amount of \$ _____ for each session. The client is responsible for the remaining session fee.

_____ Our church will pay all the costs for counseling/services until _____ (date).

_____ Our church is unable to provide funds at this time.

Missed sessions without 24-hour cancellation will be billed to the client. The church will not be responsible for the fee for missed sessions; fee must be paid by the client in order to reschedule sessions requiring assistance.

Church representative name

Signature

Date