



**Application for Financial Assistance from My Home Church**

***New Braunfels Door of Hope Counseling Center***

On the campus of Freedom Fellowship Church, 410 Oak Run Point, New Braunfels, TX 78132

By completing the information on this form, you are requesting your home church, including Freedom Fellowship, assistance in paying counseling fees at *Door of Hope Counseling Center*. It is your responsibility to complete this form accurately and submit to your home church. Please return the signed approval from your pastor to *Door of Hope Counseling Center*.

Until the signed form is returned, you are responsible for the counseling fee. Thank you.

Home Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

**PERSONAL & HOUSEHOLD INFORMATION**

Date completed: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: cell/home (please circle): \_\_\_\_\_

Please list everyone who lives in your home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**FINANCIAL INFORMATION**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Net income per month \$ \_\_\_\_\_

Spouse's Employer (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Net income per month \$ \_\_\_\_\_

The Door of Hope Counseling Center is a 501-C3 non-Profit Agency

Any other adults or teenagers in the home who assist with household expenses:

Name \_\_\_\_\_ Monthly contribution \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly contribution \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly contribution \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly contribution \$ \_\_\_\_\_

\_\_\_\_\_ **Total of ALL monthly household income** \$ \_\_\_\_\_

Please let your pastor know of any additional information that will assist him/her in making a decision to assist in paying your counseling fees. This might include extraordinary medical situations, child care, etc.

How much can you pay toward your counseling fees? \$45 \$35 \$30 \$25 \$20 \$\_\_\_\_  
(please circle)

#### ACCOUNTABILITY & CONFIDENTIALITY

Please be aware if you file with your insurance company seeking Out-of-Network reimbursement we cannot assure your confidentiality. Insurance companies often request information including review of records and diagnoses. Based on this, your signature is agreement of hold harmless the staff and counselors of *Door of Hope*.

Also, you agree that *Door of Hope* has my permission to provide limited feedback to my pastor, \_\_\_\_\_. Information disclosed **will only** be regarding regular attendance to schedule appointments, doing any homework requested by your counselor, and making participating in making progress to resolve your issues.

Please confirm by circling: YES NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Home Church Agreement to Assist in Counseling Fees  
Approval Form**

**Pastor:** The person below is seeking counseling services at *New Braunfels Door of Hope Counseling Center*, located on the campus of Freedom Fellowship Church. Please review the application and complete the form below. Thank you for your support of the person seeking counseling services.

Requestor's name: \_\_\_\_\_

**Fees at *Door of Hope*:** Fees are based on counselor experience: Licensed Professional Counselor and Supervisor, \$120; Licensed Professional Counselor, \$100; Licensed Professional Counselor-Intern and Licensed Marriage and Family Therapist-Associate, \$70.

Pastor's Name \_\_\_\_\_  
Name of Church \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Person approving church's financial assistance \_\_\_\_\_  
We expect the *Door of Hope* to bill the church as services are used.

\_\_\_\_\_ Our church will provide a total amount of \$\_\_\_\_\_.

\_\_\_\_\_ Our church approves \_\_\_\_\_ number of sessions at \$\_\_\_\_\_ each session. The client needs to be responsible for the remaining session fee.

\_\_\_\_\_ Our church will pay all the costs for counseling until \_\_\_\_\_ (date).

\_\_\_\_\_ Our church is unable to provide funds at this time.

\_\_\_\_\_ Other: please specify:  
\_\_\_\_\_

Missed sessions without 24-hour cancellations will be billed to the client at \$20.00. If the client cannot pay, the church will be billed. After a second missed session, the issue regarding missing sessions will be dealt with therapeutically with the counselor and client.

I have ready, understand, and approve the above:

\_\_\_\_\_  
Signature of Pastor (or other appropriate person)  
date)

\_\_\_\_\_  
Date (application of funds begins on this date)

\_\_\_\_\_  
Client's Signature

Pastor, please let us know how you would like us to approach you and your church again for possible assistance for this client?

\_\_\_ Client should make an appointment and see me directly.

\_\_\_ We will not be able to assist this client further.

\_\_\_ The counselor should call me and discuss the need for additional counseling.

**Please return to: Door of Hope, c/o Freedom Fellowship Church, 410 Oak Run Point New Braunfels, TX 78132**