



## Application for Financial Assistance

### ***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 assistance in paying counseling fees at *Door of Hope Counseling Center*. It is your responsibility to complete this form accurately and submit to the *Door of Hope*.

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

Thank you.

#### **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 \$ \_\_\_\_\_

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 Door of Hope know of any additional information that will assist them in making a decision to assist in paying your counseling fees. This might include extraordinary medical situations, childcare, etc.

The Door of Hope has limited grant funds to assist in providing counseling. We request each person/couple/family to pay as much as possible for the already reduced counseling fees. How much can you pay toward your counseling fees?

(please circle one) \$45 \$35 \$30 \$25 \$20

Other: \_\_\_\_\_

### 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*.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date