



Reduced Rate / Sliding Scale - Benevolence Fund Application

Instructions: Please complete the application as accurately as possible, including any information that you feel could determine the need for reduced rate pastoral counseling services. All information contained in this application is confidential. Proof of Income may be required.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____
Mailing Address City / State / Zip Code

Telephone: (home) _____ (work) _____ (cell) _____

Email address: _____

FAMILY INFORMATION

Marital Status Single Married Divorced Remarried Widowed

Children (You do not need to include child's name):

- 1) _____ 4) _____
gender / age / currently living in the home gender / age / currently living in the home
- 2) _____ 5) _____
gender / age / currently living in the home gender / age / currently living in the home
- 3) _____
gender / age / currently living in the home

EMPLOYMENT / INCOME INFORMATION

Employer: _____
Name of Company

Current Profession: _____

Income before taxes, insurance, etc.? \$ _____ Monthly

Income after taxes, insurance, etc.? \$ _____ Monthly

Is your spouse employed?

Employer: _____
Name of Company

Current Profession: _____

Income before taxes, insurance, etc.? \$ _____ Monthly

Income after taxes, insurance, etc.? \$_____ Monthly

Name: _____

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Do you have any other sources of income not included (ie: child support, spousal support, etc.)? \$_____ Monthly

Total household income before taxes, insurance, etc.? \$_____ Monthly

Total household income after taxes, insurance, etc.? \$_____ Monthly

Note: The standard for sliding scale / reduced rate counseling is 1/10 of 1% of annual household income. For example: If your total annual household income is \$40,000 the reduced rate for counseling is \$40.00 per session. Proof of income may be required to determine need.

REASON FOR SEEKING COUNSELING

What specific issue(s) in your life are your hoping will be addressed through the counseling process?

REASONS FOR REQUESTING A REDUCED RATE OR SLIDING SCALE

What specific needs do you have that you feel are important to determining if you qualify for receiving a reduced rate or sliding scale for pastoral counseling services?

Note: DeJesus Christian Counseling does not turn anyone away based on finances but counselor availability and the number of sessions provided may be limited.

Signature

Printed Name

Date

Approved By:

Counselor Name

\$ _____
Per Session Rate

Date