



Petition for Counseling/Therapy Support and/or Financial Assistance

In order to provide the best support, we respectfully ask that you complete the following information in the clearest, most honest way possible.

Full Name: _____

Age: _____ Profession or Job Title: _____

1. Mark with an "X" the box that best describes the help you are seeking.

Counseling	<input type="checkbox"/>	Psychological Support	<input type="checkbox"/>
Psychiatric Support	<input type="checkbox"/>	Other	<input type="checkbox"/>

2. If you are seeking financial assistance to help pay for this service, mark with an "X" the box that best estimates your current monthly income.

Q.1,000.00 – Q.3,000.00	<input type="checkbox"/>	Q. 3,000.00 – Q.5,000.00	<input type="checkbox"/>
Q.5,000.00 – Q. 7,000.00	<input type="checkbox"/>	I am not seeking financial assistance.	<input type="checkbox"/>

3. Please write the minimum amount of money that you are able to contribute towards the cost of the counseling support services you are seeking at this time: _____

4. How many sessions of counseling or therapy could you attend weekly? _____

5. Mark with an "X" the issues for which you feel you most need help at this time.

Emotional Pain: ___ Low Self-Esteem: ___ Anxiety: ___ Depression: ___ Past/Present Abuse: ___

Phobia: ___ Past/Present Trauma: ___ Sudden Change in Mood : ___

Crisis of Circumstances: ___ Problems in my family or marriage: ___

Other/More Information about an issue you checked:

You will receive a response within 4-5 days regarding a decision and the assistance we may or may not be able to offer you at this time. Thank you for allowing us to accompany you in your journey to wholeness and restoration.