

The Counseling Application

Christ the King Community Church does not provide emergency financial assistance. Processing your application may take up to 10 days to complete.

Section 1: Personal/Household Information

Name: _____ DOB _____

Address: _____

Home phone: _____ Cellphone: _____

Email: _____

Do you attend CTK? ___ Yes ___ No

Which Campus _____

Are you in a small group? ___ Yes ___ No

If yes, who is your group leader _____

Have you participated in a class or group at CTK in the last year? ___ Yes ___ No

Do you know any pastors/leaders at CTK? ___ Yes ___ No

If yes, who? _____

Are there other adults living in your household?

What is their relationship to you? _____

Are they contributing financially? ___ Yes ___ No

If yes, how much monthly? _____

Children's names and ages:

Are the children currently living with you? ___ Yes ___ No

Section 2: Insurance

Employer _____

Do you have medical coverage? ___ Yes ___ No

Who are you insured through? _____

Please explain your policy's coverage for counseling/mental health

How much are you able to contribute to counseling costs at this time? _____

Credit Cards, Loans or Other Debt

What all are "it" words, though, are other than "it" ("it" can be a pronoun).

- [illegible]

[illegible]

Monthly Spending Plan

Monthly Income	Amount
Income (from primary adult)	
Income (from all other household members)	
Child Support	
Food Stamps	
Other	
Total Income	

Monthly Expenses	Amount
Housing (Rent/Mortgage)	
Renters/Homeowners Insurance	
Utilities (Electric, water, propane, gas, etc)	
Cell phone	
Internet	
Cable/Subscriptions (Netflix, hulu, etc)	
Car Insurance	
Gas	
Groceries	
Daycare	
Credit Card/Debt Payments (from previous page)	
Total Expenses	

To the best of my knowledge, the information on this application is true and complete.

Signature of applicant

Date

Counseling Referral Form

Contact Information

Client Name: _____

Phone #: _____ Email: _____

Referral Information

***CTK may pay for up to 3-5 visits, up to a maximum of \$700.**

Referring Pastor: _____ Counselor Name: _____

Note:

- *Number of visits or maximum dollar amount is not a guarantee and will be based on available funding.
- A Counseling application must be completed by the client.
- To verify financial need, a brief screening will be conducted by The Blessing Coordinator.

Partial Payment Information

I, _____, agree to pay \$_____ per visit, as a co-payment with Christ the King Community Church. **Note: Co-payments must be paid to the counselor at time of service.**

Client Initials: _____

Missed or Late Cancelation of Appointments

If you miss or cancel an appointment at the last minute, you will be responsible for payment for that appointment, and we will not be able to pay for future visits.

Client Initials: _____

Release of Information

I, _____, give permission to the counselor named above to release any necessary information or records to the referring CTK Pastor. I also give permission to the CTK Care Team to share information with each other about my financial situation (not counseling) in order to expedite screening.

Client Signature: _____ Date: _____