

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 CTK Care Team to share information with each other about my financial situation (not counseling) in order to expedite screening.

Client Signature: _____ Date: _____