



PARTNERSHIP FOR Pastoral Counseling

Working Together For Healing and Hope

Application for Assistance

The Partnership for Pastoral Counseling (“PPC”) provides assistance to low income, uninsured or underinsured; individuals, couples or families in need of faith based counseling.

This funding is intended to be used for persons experiencing a life crisis and not for ongoing therapy or medication management.

Application Process

1. Complete Application
 2. Complete Financial Statement
 3. Provide proof of income
 4. Complete pre evaluation form.
 5. Read and sign client guidelines agreeing to adhere to the guidelines.
 6. Submit above referenced documents to PPC or PPC affiliated counselor.
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7. PPC will process application verifying income eligibility.
 8. PPC will review the difficulty you are experiencing, the location of your home and match you with an affiliated counselor to complete an intake assessment. If you currently are seeing a PPC counselor that counselor will provide your intake assesment.
 9. Application and intake assessment forms will be anonymously reviewed by a two-person advisory committee of the PPC Board of Directors.
 10. PPC will notify you via mail upon final approval of your approved co-payment and the number of sessions granted.
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Please allow up to 2 weeks for the processing of your application upon PPC’s receipt of your application packet and proof of income.

Questions, please contact Rebecca Wells, Executive Director at 828-275-7279.

KEEP FOR YOUR RECORDS.

Please insure all documents are submitted for timely processing of your application.

Please allow up to 2 weeks for approval after all required documentation is submitted.

CHECKLIST

- Client Guidelines – Please be sure to read thoroughly
- Client Application – Completed in its entirety
- Financial Statement
- Proof of Income
- Pre-Evaluation Form
- Please sign all documents that are requesting signature
Application cannot be processed unless signed.

Please contact Rebecca Wells at **828-275-7279** if you have any questions in completing the application packet.

Please send completed application and supporting documents to:

Partnership for Pastoral Counseling
PO Box 19796
Asheville, NC 28815

Or fax them to: **828-669-0907**

KEEP FOR YOUR RECORDS.

If you are currently under the care of a PPC counselor you may leave application packet with counselor in a sealed envelope.

Client Guidelines

PLEASE RETURN

The Partnership provides subsidies to clients who are uninsured and underinsured (mental health deductible higher than \$1000 and/or cannot afford insurance co-payments). All applicants must provide income eligibility documents and adhere to the client guidelines set forth in this document. PPC funding is intended to be used for individuals, families or couples experiencing a short term life crisis and not for ongoing therapy or medication management.

Please anticipate at least two weeks for applications to be approved; each applicant may be required to complete a confidential intake appointment **before** final approval is granted. This session will be included in the total number of sessions granted not to exceed 16 if approved.

*You will **not** be charged for the intake appointment regardless of your approval status*

Partnership Counselors agree to see clients at a reduced rate with the client co-payment and partnership subsidy totaling \$70 per session. The amount of the subsidy and the client co-payment is determined by a recommendation of said counselor and then compared to a standardized sliding scale.

The minimum co-payment required by each client is not to be less than \$10 per session

The maximum income level for a household of 5 must not exceed \$50,000.

The Partnership will match you with an approved counselor based on your difficulty and the location of your home. If it is more convenient for you to utilize a counselor within your employment/school region please indicate on application in space marked: *alternate location for scheduling*.

Applicants must complete the application in its entirety, along with a pre evaluation as well as a post evaluation at the end of your sessions.

All applicants must complete a financial information sheet and provide proof of income.

Up to sixteen sessions will be approved per applicant. Once your sessions have been used the Partnership will allow you to re-apply for additional sessions after a time period of 12 months after the last session and the post evaluation that was provided to you by your counselor was completed at the end of the prior sessions.

All applications will be anonymously reviewed and approved by a two person advisory committee of the Partnership Board of Directors

Your counselor will file all necessary paperwork for reimbursement from the Partnership. Payments will go directly to the counselor.

The applicant should pay the co-payment to the counselor at the time of each session.

If your financial situation changes or services of the Partnership are no longer needed or wanted the Partnership should be notified immediately so that future subsidies can be adjusted to allow for others to apply.

All applicants must notify the Partnership immediately if a change in counselor is desired. In the event the counselor is changed the sessions will be carried over but not renewed to the original session amount.

To assure continued services you **must** contact your counselor within 3 weeks of the approval date listed at the top of your approval letter.

The Partnership for Pastoral Counseling has the right to deny and/or terminate services of any applicant providing misleading information if contact is not made with the approved counselor within 3 weeks of approval date or misses more than 2 sessions.

I have read and agree to adhere to the guidelines set forth in this document,

Print Name: _____ Applicant Signature: _____

PO Box 19796 • Asheville, NC 28815

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Date: ____/____/____

PLEASE RETURN

Client Application

Please fill out completely and return to your counselor.
You will be notified within two weeks as to the status of your application, incomplete applications will delay the processing of your application.

Name _____ Counselor _____

Address _____ City, State, Zip _____

County of residence _____ Preferred city for counseling: _____

Gender: M F Age Range: 18-25 26-35 36-45 46-55 56-65 66-75 76-85 86+

Ethnicity/Race: Caucasian African American American Indian Asian Decent Hispanic Other _____

(It is essential for us to collect this data to continue to secure future funding and ensure we are serving a diverse community.)

Number of individuals in household; _____ Number under the age of 18: _____

Telephone(s) we may contact: #1 _____ #2 _____

E-mail _____ Employment or School Attending _____

Church affiliation _____ Pastor's Name _____

Marital status (*circle one*) Single Married Separated Divorced Widowed Significant Other

Type of counseling you are seeking: Individual Marriage Pre-Marital Couples Family

If marital or family please complete spouse information below:

Spouse Name: _____, does spouse live in home: YES NO

Insurance Yes No Name of insurance company _____

Deductible for mental health benefits: \$ _____ per session benefits: \$ _____

Are you currently under the care of a counselor? Yes No

If yes – please indicate the reason for seeking counseling services through the Partnership:

How did you hear of us? Counselor Church Website Other _____

You will be sent a letter regarding the status of your application to the above address unless otherwise noted.
During your counseling the Executive Director of PPC and your counselor will confidentially know your identity.
Do you understand and agree to this arrangement? Yes No Initials _____
I have read and understood the Client Guidelines. Yes No Initials _____

Office use only # of sessions _____ Active Date: ____/____/____ Termination Date: ____/____/____
Sessions Used: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Provider: _____
Client Co-Pay\$ _____ PPC Subsidy\$ _____ Total PPC Commitment\$ _____
Intake Appointment: YES NO DATE: ____/____/____ Pre Evaluation Received: YES NO
Post Evaluation Received: YES NO

PLEASE RETURN

Financial Information

Applicant Name: _____

Counselor: _____

This form must be completed in it's entirety to allow the Partnership for Pastoral Counseling to accurately provide you with financial assistance for your counseling service.

Please mark with a 0 if not applicable to your situation.

Income	Applicant	Spouse <i>If Applicable</i>	Other Household Members <i>If Applicable</i>
Employment	\$	\$	\$
Child Support	\$	\$	\$
Disability/Workman's Compensation	\$	\$	\$
Public Assistance	\$	\$	\$
Alimony	\$	\$	\$
Retirement Benefits	\$	\$	\$
Other Assets	\$	\$	\$
Total Income	\$	\$	\$

Documents for verification of income:

Payroll Stubs for the past 30 days
-OR-

Most recent IRS tax forms
1st and 2nd pages of 1040/1040ez

If self employed please complete self employment verification form.

Please provide documentation of other forms of income if available: *Please check if including*

Child Support

Unemployment compensation

Social Security Benefits

Government Benefits

Alimony

Other: _____

In the event that you do not meet the income guidelines (annual household gross income above \$50,000) and would still like to apply for benefits due to a financial hardship, please complete Financial Hardship form.



PO Box 19796 * Asheville, NC 28815

PLEASE RETURN

Self Employment Income Verification

Applicant Name: _____

Counselor: _____

Business Owner	
Business Name	
Business Type	

Please record all income related to the business for the past 60 days

Job	Date	Gross Amount	Net Income

I certify to the best of my knowledge the statements provided here are true and correct. I authorize the Partnership for Pastoral Counseling to verify all information which I have given.

Print Name: _____

Signature: _____

Date: _____

