



# PARTNERSHIP FOR Pastoral Counseling

*Working Together For Healing and Hope*

## **Application for Assistance**

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

**This funding is intended to be used for individuals, families, or couples experiencing a life crisis and not for on going 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.

**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**

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

## Client Guidelines

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:** \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child Client Application

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

**Child Information**

Name \_\_\_\_\_ Counselor \_\_\_\_\_  
 Gender: M F Ethnicity/Race: Caucasian African American  American Indian Asian Decent Other \_\_\_\_\_  
*(It is essential for us to collect this data to continue to secure future funding and ensure we are serving a diverse community.)*  
 School Attending: \_\_\_\_\_ Counseling in the past? Yes No, Where: \_\_\_\_\_

**Legal Guardian Information**

Name \_\_\_\_\_ Relation to the Child: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ County of residence \_\_\_\_\_  
 Telephone(s) we may contact: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Church affiliation \_\_\_\_\_ Pastor's Name \_\_\_\_\_

*Your Pastor will not be contacted – we collect this data for research only to help with future funding.*

E-mail \_\_\_\_\_ Employment or School Attending \_\_\_\_\_  
 Marital status (*circle one*) Single Married Separated Divorced Widowed Significant Other  
 Type of counseling you are seeking for your child: Individual Family – *If family please complete spouse information below:*  
 Insurance Yes No Name of insurance company \_\_\_\_\_  
 Deductible for mental health benefits: \$ \_\_\_\_\_ per session benefits: \$ \_\_\_\_\_  
 Is your child 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

**Financial Information**

Child Applicant Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

Please complete this form for the parent/guardian of the child, this must be completed in it's entirety to allow the Partnership for Pastoral Counseling to accurately provide your child with financial assistance for 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>
<b>Employment</b>	\$	\$	\$
<b>Child Support</b>	\$	\$	\$
<b>Disability/Workman's Compensation</b>	\$	\$	\$
<b>Public Assistance</b>	\$	\$	\$
<b>Alimony</b>	\$	\$	\$
<b>Retirement Benefits</b>	\$	\$	\$
<b>Other Assets</b>	\$	\$	\$
<b>Total Income</b>	\$	\$	\$

**Documents for verification of income:**
 Payroll Stubs for the past 30 days

-OR-

 Most recent IRS tax forms

*1<sup>st</sup> and 2<sup>nd</sup> pages of 1040/1040ez*


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 If self employed please complete self employment verification form.

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 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

### Self Employment Income Verification

Child Applicant Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

### Parent/Guardian Information

<b>Business Owner</b>	
<b>Business Name</b>	
<b>Business Type</b>	

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

<b>Job</b>	<b>Date</b>	<b>Gross Amount</b>	<b>Net Income</b>

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: \_\_\_\_\_

**Financial Hardship**

Child Applicant Name: \_\_\_\_\_

**Parent/Guardian Information**

My income has been reduced or lost due to:

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My expenses have increased drastically due to extraordinary unexpected expenses (please list expenses):

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Any documentation you can provide will help with the approval process of a financial hardship request: such documents may include: bankruptcy, permanent or short term disability papers, proof of additional dependents (i.e.: adoption, elderly parents or family members).

I certify to the best of my knowledge the statements provided here are true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# PARTNERSHIP FOR Pastoral Counseling

*Working Together For Healing and Hope*

## Client Pre-Evaluation

Child Client  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please take a moment and complete this brief evaluation for your child, this evaluation will only be used to assess the effectiveness of the services we provide. Your child's name will **NEVER** appear in any printed materials.

Please allow your child to assist you in completing this form if able.

1. What is the difficulty that caused you to seek counseling for your child?

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2. Please give a brief explanation of what you hope to achieve for your child from the counseling experience.

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3. Please rate the present level of distress for your child(1=very distressed; 10=no distress)

1    2    3    4    5    6    7    8    9    10  
(Low) (High)

4. Please rate your child's present ability to cope with the difficulty they are experiencing:

(1=Very stressed with little ability to cope; 10= Not stressed about situation and coping very well)

1    2    3    4    5    6    7    8    9    10  
(Low) (High)

5. Please rate the present overall life satisfaction of your child:

1    2    3    4    5    6    7    8    9    10  
(Low) (High)

6. How important is it to you that your counselor takes seriously the religious faith of your family?

1    2    3    4    5    6    7    8    9    10  
(Not Important) (Very Important)

7. Type of Counseling you are seeking?

Individual  Family

8. Please indicate positive or negative ways your child deals with stress currently:

Substance Abuse  Talk to Family and Friends  Bullying/Trouble in School

Outburst of Rage  Self Mutilating  Tantrums towards others

Rebellious  Pray  Revengeful

Eating - more less  Denial(that nothing is wrong) Nervous Stomach

Exercise - more less Withdrawn from Family and Friends Develop Headaches

**Please return this form with your Client Application and Client Guidelines a copy of this form will be provided to your Counselor for review.**

The Partnership for Pastoral Counseling adheres to a strict confidentiality policy. All information included in your application package will be confidentially reviewed by the Executive Director for application processing only. Information pertaining to your counseling needs will be shared with your counselor **ONLY**. A copy of our confidentiality policy is available upon request.