



CARMEL

COUNSELING CENTER

Financial Assistance Agreement

Carmel is glad to partner with churches or ministries to work with clients who are unable to pay the full counseling fee. Please complete the entire form and client may bring it to the first session.

Name(s) of Client: _____ is approved by
_____ (Church or ministry name) to receive financial assistance for counseling.

Fee for Carmel Counseling services	\$90.____per 50 min.session
Client's church/ministry agrees to pay	\$____per 50 min. session
Client agrees to pay	\$____per 50 min. session

The client's church or ministry approves _____ number of sessions. Sessions beyond this must be approved by a church or ministry leader responsible for payment.

Invoices to be sent to:

Contact Name: _____

Contact Phone #: _____

Church or Ministry Name: _____

E-Mail Address: _____

Mailing Address: _____

Signature of church or ministry leader: _____ Date: _____

Signature of counseling client: _____ Date: _____