



Reduced Fee Application

We believe in empowering our clients to see their dignity as image bearers of God (Genesis 1:27). Our reduced fee program is available for people who are experiencing severe financial hardship and in need of a short-term cost reduction for services. Applications are reviewed weekly and we reserve the right to deny applications that are incomplete and/or inaccurate.

To qualify, we need to evaluate the following information: Counselor(s) Name: _____

Personal Information:

Name: _____ Phone: _____

This is my first application I am a RTS student/spouse I am a full-time student I am reapplying

Address: _____

On a scale of 1 to 10, with 1 being the least distressing and 10 being the most distressing, how would you rate the issue(s) for which you are seeking counseling? _____

What makes you who you are and who you want to be?

What gifts, capabilities, and talents do others say you have? _____

What are your dreams for the next 6 months?

- Financially: _____
- Intellectually: _____
- Emotionally: _____
- Spiritually: _____
- Relationally: _____

How would you like your life situation to be different or improved 4 months from now?

- 1) _____
- 2) _____

What are some strengths and abilities you have that can help you get to where you want to be?

Things you can do:

(Goals that will move you to where you want to be)

Goal #1

What specific thing(s) can you do? When will they be done? Why do you have this goal?

- a) _____
- b) _____
- c) _____

Goal #2

What specific thing(s) can you do? When will they be done? Why do you have this goal?

- a) _____
- b) _____
- c) _____

What obstacles do you see preventing you from achieving your goals? _____

Support (e.g. Spiritual, emotional):

Do you have support from your church (Pastor/Deacons/Elders) or others? Yes No

Who is, or could be, in your support system?

Who (e.g. Friends, Family members, Church leaders) could be your financial advocate/mentor?

Living Situation: Roommate(s) Single Married Separated Divorced With parent(s) Cohabiting and unmarried

Number of children and/or dependents under your care: _____

Housing Status: Own Owe payment(s) Behind on monthly payments Foreclosure Short Sale Bankruptcy
 Rent Homeless Other _____

Are you receiving financial assistance from: Family Medicaid WIC/SNAP SSI/SSDI

College Aid Child Support Unemployment Food Bank Life Hope Church Other _____

MONTHLY Living Expenses: Please indicate the amount you spend **monthly** on the following:

Housing:	Tithe/Offering: _____	Fun:	Student Loans:
Rent/Mortgage _____	Savings/Retirement: _____	Eating Out _____	(Monthly) _____
Property Tax _____	Clothing: _____	Babysitting _____	(Deferred) _____
HOA _____	Pet Care: _____	Miscellaneous _____	(Total Owed) _____

Utilities:	Transportation:	Credit Cards:	Medical:
Telephone _____	Car Payment(s) _____	(Monthly) _____	Health Insurance _____
Cable TV/Internet _____	Insurance _____	(Total Owed) _____	Medication(s) _____
Electric/Water/Trash _____	Gas _____	Personal Loans:	Doctor(s):
Cell Phone _____	Tolls _____	(Monthly) _____	(Monthly) _____
Groceries: _____		(Total Owed) _____	(Total Owed) _____

Fitness:	Pre-Packaged Diet/Nutrition Plans: _____
Gym Membership _____	<i>Items not included in your grocery budget</i>
Classes/Personal Trainer _____	(e.g. Products from "Orange Theory Fitness" or "It Works!")

Notes: _____

A: Income from other adults in your household (That help with expenses): _____

B: Net Monthly Income (Include all forms of income, child support): _____

C: Total Monthly Living Expenses above: _____

D: (+) Surplus or (-) Deficit (Line A+B minus Line C): _____

I will tell my counselor that I pledge to cut-back/sacrifice on _____ in order to keep coming to counseling?

By signing below, I acknowledge that the information provided above is both accurate and complete and I will need to reapply in 6 months if further assistance is needed.

Signature: _____ **Date:** _____

<i>FOR OFFICE USE ONLY</i>	
Current Application:	
Date: _____	
Denied <input type="checkbox"/>	Approved <input type="checkbox"/> Approved By: _____ Client Pays: _____ Write-off Amount: _____ Renewal Date: _____
Scanned <input type="checkbox"/>	Attached to Client File <input type="checkbox"/>