



**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:

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

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

<b>Fitness:</b>	<b>Pre-Packaged Diet/Nutrition Plans:</b> _____
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 minus Line B):** \_\_\_\_\_

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>	
<b>Current Application:</b>	
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"/>