**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) □ Cohabitating 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) bills:**

Cell Phone Tolls (Monthly) (Monthly)

**Groceries:** (Total Owed) (Total Owed)

**Fitness: Pre-Packaged Diet/Nutrition Plans:**

Gym Membership *Items not included in your grocery budget*

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: Your 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:**

 *FOR OFFICE USE ONLY*

 **Current Application:**

 **Date:**

 □ **Denied** □ **Approved** □**Approved By**: **Client Pays:** **Write-off Amount:** **Renewal Date:**

 □ **Scanned** □ **Attached to Client File**