

## 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) bills:</b>
Cell Phone _____	Tolls _____	(Monthly) _____	(Monthly) _____
<b>Groceries:</b> _____	_____	(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