



COUNSELING FINANCIAL ASSISTANCE REQUEST FORM

Please print all information clearly; leave no blanks!

Personal Information

First Name: _____

Last Name: _____

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse's First Name: _____

Spouse's Last Name: _____

Children's First Name(s)/Age(s) [living with you]: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home #: _____

Cell #: _____

Work #: _____

Email Address: _____

Housing Information

☐ Rent

☐ Live w/ Family

☐ Homeless

☐ Own

☐ Live w/ Friends

☐ Other: (describe): _____

Are you homebound? (check one) ☐ Yes ☐ No

Employment Status

Are you currently employed? (check one) ☐ Yes ☐ No

If yes, where? (Employer's name, address & phone #)

If you are not employed, where/when (date range) did you last work and what was the reason for leaving?

If you are currently seeking employment, what job are you hoping for?

Spouse Employment Status

☐ Check if no spouse and skip to next section.

Is your spouse currently employed? (check one) ___ Yes ___ No

If yes, where? (Employer's name, address & phone #)

If your spouse is not currently employed, where/when (date range) did they last work and what was the reason for leaving?

If they are currently seeking employment, what job are they hoping for?

Financial Needs

Annual Household Income: \$ _____

Monthly Net Income (what you actually have to pay bills with): \$ _____

Monthly Household Debt (total amount you currently pay towards debt/expenses): \$ _____

Tell us about your current need(s) and what you think helped to create it: _____

Tell us about things you have already done to correct the situation you are now in (asked family, made calls, used savings, taken on 2nd job, etc.): _____

Have you previously applied for assistance from New Song Church? ___ Yes ___ No

(If yes, list all occurrences): _____

Supportive Program Information

Which, if any, of the following programs do you participate in?

(Participation will not disqualify you from receiving our assistance.)

___ Health Insurance If insured, what is your co-payment amount? \$ _____

___ Supplemental Security Income (SSI) ___ Social Security Disability Insurance (SSDI)

___ Social Security (SSA) ___ MEDICAID

___ Temporary Assistance for Needy Families (TANF)

___ Women, Infants & Children (WIC) ___ Food Stamps (SNAP)

___ Unemployment ___ Other income sources (pension, child support, etc.):

Considerations:

Please use this space to share any details that would assist in considering the merits of providing a **reduced fee** for counseling services that may not have been captured in the other sections of this form (use the back for additional space): _____

**** I certify that the information in this document is true and correct to the best of my knowledge.**

***** By completing and submitting this form, I understand I will receive consideration of (which is not a guarantee) a reduced fee for counseling services. A set number of "reduced fee clientele" has been established; a waiting list may need to be implemented if this number is exceeded. Thank you for your understanding.**

Applicant name (please print): _____

Applicant signature: _____ Date: _____

Debt Resources:

- www.nfcc.org (find a consumer credit counseling agency; or call (800) 388-2227)
- www.debtorsanonymous.org (find a group near you)

Financial Management Resources:

- www.goodsenseministry.com (variety of helpful resources: debt reduction calculator, spending plans, etc.)
- www.crown.org (a financial planning ministry)
- www.daveramsey.com (a financial planning ministry)
- www.vaumc.org/page.aspx?pid=888 (a Wesleyan study on stewardship)

Office Use Only

What action was taken? _____ Today's Date: _____

Established/Approved fee per visit: \$ _____ To be reviewed again in: 3 mths. 6 mths.

What other sources of help were suggested: _____

Approved by (signature): _____ Shared with client: Y ___ N ___