



CARMEL COUNSELING CENTER

Financial Assistance Agreement

Carmel is glad to partner with churches or ministries to work with clients who are unable to pay the full counseling fee. Please fill out the following information and the client may bring it to the first session.

Name(s) of Client: _____ is approved by
_____ (Church or ministry name) to receive financial
assistance for counseling.

| | |
|---|--------------------------|
| Fee for Carmel Counseling services | \$90__per session |
| Client's church/ministry agrees to pay | \$____per session |
| Client is to pay | \$____per session |

The client's church or ministry approves _____ number of sessions. Sessions beyond this must be approved by a church or ministry leader responsible for payment.

Name and mailing address for invoices:

Signature of church or ministry leader: _____ Date: _____

Signature of counseling client: _____ Date: _____