

**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 bring to the first session.

**Name(s) of Client:** \_\_\_\_\_

is approved by \_\_\_\_\_ (Church or Ministry Name) to receive financial assistance for counseling.

<b>Fee for Carmel Counseling services:</b>	<b>\$ <u>80</u></b>	<b>per session</b>
<b>Church/Ministry agrees to pay</b>	<b>\$ _____</b>	<b>per session</b>
<b>Client is to pay</b>	<b>\$ _____</b>	<b>per session</b>

Church/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 Church/Ministry Member or Attendee:

\_\_\_\_\_

Date: \_\_\_\_\_