



Application for Renewal of Program Assistance

To avoid unnecessary delays, **please print clearly** and provide **all** requested information.

We require up to 7 business days to verify and process all applications.

Questions or concerns regarding this form must be directed to the Business Manager at [636-449-1262](tel:636-449-1262).

Client Name(s): _____

Counselor's Name: _____ Date of Application: _____

Church attending: _____ Are you a member? YES NO

Pastor's name _____ Church Telephone #: _____

Denomination _____

I. FINANCIALLY RESPONSIBLE FAMILY MEMBER

Name _____ Date of Birth _____

Relationship to Client: _____ Age _____ Sex _____

Marital Status: Single Married Divorced Separated Widowed

Street Address _____

City _____ State _____ Zip _____

Home phone: () _____ Work phone: () _____

Cell: () _____ E-mail address: _____

May we notify you via email about your request? Yes No

If email address is not provided, all notifications for Program Assistance awards will be sent via regular mail to the address listed above.

*Wellspring Christian Counseling
Application for Renewal of Program Assistance*

CLIENT STATUS UPDATE

Please describe how you have benefited from services at Wellspring Christian Counseling thus far:

What goals do you have for yourself in counseling?

How many more sessions do you anticipate that you will need to accomplish your counseling goals? _____

III. COUNSELOR STATUS UPDATE (Client please skip this section)

How many more sessions do you anticipate that you will need for your client to accomplish their counseling goals? _____

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V. FINANCIAL INFORMATION

Have there been any changes in your financial status or responsibilities since your initial application? Please explain.

VI. BY SIGNING MY INITIALS BELOW, I UNDERSTAND AND AGREE THAT:

(Any documentation required to process this application will be kept confidential.)

A. Changes in information

I acknowledge the above information is true and accurate. I understand that donations from others is used to help offset the cost of my counseling, therefore, if for any reason the information I have provided changes:

- I will contact Business Manager immediately to notify them of the changes in my financial status _____ (initials)

B. Worship Attendance

I understand that program assistance is contingent upon my attendance at a weekly worship service. I agree that:

- I will attend a weekly worship service while receiving program assistance from Wellspring Christian Counseling _____ (initials)

C. Program Assistance Notification

I understand that the Business Manager will process my application and notify me of my program assistance award and fee responsibility within 7 business days from the date this completed application is received.

- I will direct all my questions regarding this application to the Business Manager at 636-449-1262 _____ (initials)

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D. Program Assistance Submission

I will submit this application (with all requested documentation) directly to the Business Manager:

- in person to: Business Manager, Wellspring Christian Counseling, 1400 Elbridge Payne Rd., Suite 200, Chesterfield, MO 63017**

OR

- by mail to: Business Manager, Wellspring Christian Counseling, 1400 Elbridge Payne Rd., Suite 200, Chesterfield, MO 63017**

OR

- by fax to: Business Manager at (636) 449-1268**

E. Fee Responsibility

Until this completed renewal application is received, processed, and approved by the Business Manager, I understand that:

- I am responsible for the full service fee and agree to pay the full service fee for all services received at Wellspring Christian Counseling at the time of service _____ (initials)**

F. Program Assistance Confidentiality

In order to honor the integrity of the Program Assistance Program, and to preserve my participation in the Program Assistance Program, I agree that:

- I will not discuss with anyone the amount of the assistance that is awarded to me by Wellspring Christian Counseling _____ (initials)**

Signature of Client

Date

Signature of Financially Responsible Person

Date