

**2015 APPLICATION FOR FINANCIAL ASSISTANCE  
FOR CONFIDENTIAL COUNSELING**  
ALL GRANT REQUESTS MUST BE SUBMITTED IN THE CALENDAR YEAR IN WHICH SERVICES ARE PROVIDED

**PART I: Completed by THERAPIST** (Deadline for making application is December 31st)

As funds are available, financial assistance will be provided to cover up to one-half of the client's copay/coinsurance amounts for each counseling session until the full \$250.00 annual allowance per clergy family has been granted. Monthly or quarterly submissions are advised.

THERAPIST'S LICENSE #: \_\_\_\_\_ (OR) FED I.D. #: \_\_\_\_\_

\*\*\*\*\*CASE NUMBER per clergy family: (TO BE ASSIGNED BY THERAPIST) \_\_\_\_\_ (Please do not use client's SS#)

THERAPIST \_\_\_\_\_ Credentials \_\_\_\_\_ Email: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This application covers sessions conducted from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

To figure amount payable by the AL-West Florida Conference:

- Enter total number of sessions \_\_\_\_\_
- Multiply the number of sessions by the client's copay/coinsurance amount \_\_\_\_\_
- Divide the total by 2 \_\_\_\_\_ (equals amount of subsidy requested)

Indicate the number of sessions per category since filing the last application for this case number:

Clergy \_\_\_\_\_ Clergy & Spouse \_\_\_\_\_ Spouse \_\_\_\_\_ Family \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

In signing this application, I guarantee all of the following:

- 1) I have verified that the client (s) is/are either:  
a member of the Alabama West Florida Conference of the United Methodist Church under appointment by the Bishop of the AL-W Fla. Conference; a dependent of a clergy person with either status. (The Client gives a copy of his/her AWF Conference journal entry to indicate status.)
- 2) I have read the information on the back of this form and am complying with it.

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE ONLY</b>	<b>PART II: Completed by the Office of Ministerial Services</b>
Amount approved _____	Date: _____ Total granted to date for 2015 is \$ _____
Approved by: _____	(Director of Ministerial Services)

## INSTRUCTIONS FOR COMPLETING THIS FORM

At the client's request, the counselor or therapist should apply for financial assistance through the Office of Ministerial Services \*\* (address below). Financial assistance may be provided to help cover out of pocket costs of each counseling session for which application is made until the \$250 annual allowance (per clergy family) has been granted. The Board of Ordained Ministry provides financial assistance to clergy families of the Alabama-West Florida Conference of The United Methodist Church who seek confidential counseling and therapy. (The Client can show reference to the AWF Conference Journal, which would indicate status.) Clergy Care funds are NOT to be used for career enhancement, but are limited to personal growth and well-being.

**The following explains how to fill out the Application for Financial Assistance for Confidential Counseling:**

1. The therapist (or client) can find Application forms with instructions at: [www.awfumc.org/clergycare](http://www.awfumc.org/clergycare)

### **YOUR REQUEST WILL REMAIN CONFIDENTIAL**

2. The therapist should fill out PART I of the form as follows:
  - Therapist's License # or Employer I .D. # must be provided to receive payment
  - A case number (provided by the therapist) must be assigned for the client (per clergy family).
  - The Client is identified by this case number and not by name or social security#.
  - Therapist: enter your name, address, credentials
  - Enter initial date client received therapy from you
  - Enter dates of sessions "from - to"
  - Enter total number of sessions
  - Multiply number of sessions by client's copay/coinsurance amount
  - Divide the total by 2 to get the amount of subsidy requested
  - Enter sessions per category
  - Sign form and enter date and indicate that you have verified the eligibility of the client for funds, and that you are complying with the application requirements.
3. DEADLINE for making session applications for each calendar year is December 31st as funds are available.

**Funds MAY NOT be requisitioned in advance of service or carried over into the next calendar year, therefore we encourage you to NOT hold billings until the end of the year.**

4. This application should be mailed to the\*\* Office of Ministerial Services, 4719 Woodmere Boulevard Montgomery, AL 36106 for review to determine eligibility of funds. After approval, the Director of Ministerial Services will reimburse the therapist (not the client) to ensure anonymity. The therapist can apply this to the client's account or refund the client as appropriate. Clients should request from the therapist a record or statement showing financial assistance received on their behalf. If this procedure of reimbursement is not acceptable with the therapist because of the payment contract, the client should request the therapist to contact the Office of Ministerial Services to negotiate an acceptable procedure.