Church or Organization Name

Counseling Referral Form & Fee Agreement with
The Center for Christian Counseling, Consultation and Training, Inc. (The Center)

Date: _____

This form is authorization from church or organization name for the following counseling fee agreement with The Center.

This form must be signed by the authorized staff and faxed (608.274.8783) to the clinic before the time of the first subsidized session.

Name of Person(s) being referred: _____

Name of Pastor or Authorized Member who is referring person: _____

Name of Counselor: _____

First time fee or assessment charge amount $30 to be paid by

❒ Client ❒ Church

The usual fee for an individual, couples or family session is $150 and a 2-hour group session is $100.
The fee is different for a Psychiatric, Psychological, Drug & Alcohol or Clinical Director Evaluation.

Grant from *The Center* $_____

Adjusted Church referral Rate $_____

Amount subsidized by Church $_____

Amount to be paid by client $_____

Number of sessions authorized _____

All billing will be sent to: Attn:
Address
City, State, Zip

I/we authorize The Center to send billing information to Name of Church or Organization.
I (Client) will personally be charged for appointments cancelled with less than 24 hours' notice unless it is an emergency.

_____, _____
Client's Signature Date

_____, _____
Church Representative Signature Date

_____, _____
Therapist Signature Date