



Client Assistant Fund Application (Please read carefully and thoughtfully)

Client Name: _____

What is the Client Assistance Fund (CAF)?

At The Summit Counseling Center, part of our mission is to provide faith-based counseling to people and to make these services available to people who might have difficulty affording them. Financial need can impact any individual or family. Accordingly, the Summit Counseling Center's Client Assistance Fund is available to subsidize a portion of your fee if you are in significant financial need. The CAF does not make counseling "free," but it reduces the portion you are required to pay.

Who provides CAF Funds?

While Mount Pisgah UMC offers tremendous support for our ministry, the church does not underwrite our CAF. Each year The Summit's Board commits to raising the necessary funds through a wide variety of fundraising activities.

How is my portion of the fee established?

Your fee is established based on a combination of household income, assets and resources. Once you have filled out the CAF Application and provided proof of income, you will discuss your application and any related financial issues with your therapist who will use a sliding scale to establish the fee—most often in your first session.

What should I consider before applying for CAF Funds?

The CAF Funds are provided for those who are in significant financial distress and need. They are intended to be used on behalf of those who do NOT have any other resources. Before applying for CAF Funds, we ask that you confirm by **initialing** that:

- _____ I do not have access to an available line of credit, credit card, or home equity line.
- _____ I do not have a savings account, investments, a retirement account, or other assets.
- _____ I do not have a family member (sibling, parent, aunt, uncle, grand-parent, etc...) who can provide financial support to aid in my treatment.
- _____ I do not have an employer that would be willing to contribute to my therapy.
- _____ I do not have a church that would be willing to contribute to my therapy.
- _____ I am married, but cannot use the income of my spouse because I would be physically endangered if my spouse discovered my treatment.

If you are between 18 and 25 years of age and live at home with your parents or are a student, we expect that your parents will be supporters of your treatment, including financial support. It may be an important step in responsibility for you to pay a portion of your fee for therapy; we expect that your parents will also contribute to your therapy. Therefore, you will **be required to include the income of your parents** with your CAF application.

(Continued on back)

Client Assistance Fund Application

Date of Application: ____/____/____

Name: _____

TOTAL HOUSEHOLD INCOME PER YEAR (GROSS): \$ _____

****NOTE:** It is the policy of the Summit Counseling Center Board that individuals applying for Client Assistance Fund provide verification of income, such as tax return, pay stub, or similar proof.

Other Assets or Accounts: _____

Other 3rd party(ies) who will be paying a portion of my fee (family, employers, church): _____

* I have read the information on page 1 regarding CAF Funds and confirm that I do not have other means with which to pay for my fees. (Please initial here.)

PLEASE EXPLAIN ANY SIGNIFICANT EXTENUATING FINANCIAL FACTORS:

Member of Mount Pisgah United Methodist Church? Yes or No
(This information is for statistical information only.)

Member of a church? Yes or No Name of Church:
(This information is used for statistical information only.)

- I understand that in order to receive financial assistance from the Mt. Pisgah United Methodist Church **Client Assistance Fund**, information about my financial resources will be reviewed by The Summit Counseling Center office staff.
- I understand that my financial status will be reviewed on a regular basis and that my fee may be adjusted when/if my financial circumstances change.
- I understand that CAF Funds DO NOT cover the cost of unexcused missed or cancelled (with less than 24 hours notice) sessions, AND that I will be billed for the entire fee for the session.
- **I further understand that if I use Client Assistance Funds, I cannot file any claims with my insurance company. This is considered insurance fraud.**

Client or Parent/Legal Guardian Signature Date

Therapist Signature Date

The current Counseling Center Board policy is that assistance through this **Client Assistance Fund** be approved in increments of no more than 7 sessions, followed by a financial review.

For Office Use:

Amount of CAF assistance: _____ Amount of Client Copay: _____

3rd party contributing: _____ Amount of 3rd Party Portion: _____