

# Application for Assistance

If you are in need of counseling for yourself or your family but do not have the ability to pay nor have Medicare, Medicaid or valid insurance of some kind you can make application for financial assistance to Parakalein Counseling and Consultation Services by filling out the form below and sending it to Parakalein Counseling and Consultation Services, Inc. This application will be kept in the strictest of confidence as per HIPPA regulations and you will not be asked anything about the nature of your need or problem.

Someone will contact you within a week to let you know if there are funds available and if you qualify for this assistance.

## **AGAPE FUND: Recipients Application** (please keyboard or print)

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Cell or Other Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Household Income: \_\_\_\_\_

Regular Expenses per month: \_\_\_\_\_

Specific circumstances that has you unable to afford to pay all or any of the fees for counseling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The date you would like to begin counseling: \_\_\_\_\_

The name of your pastor or another person who can attest to your need:

\_\_\_\_\_

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