


WESTERN CONFERENCE
of the Evangelical Church

APPLICATION FOR COUNSELING ASSISTANCE

This will only be viewed by the Board of Pastoral Health Chairman, WC Supt. and Asst. Supt.

Name: _____ Phone: _____

Complete Home Address: _____

Email: _____

Type of Counseling: Marriage Personal Family Other: _____

Brief Explanation of need for counseling: _____

What steps have you taken to resolve this issue? _____

Have you participated in counseling for this reason before? No Yes. If yes, please explain:

Do you have a Counselor or would you like a recommendation? Please recommend a Counselor.

I have a Counselor. Name: _____

Estimated timeframe for counseling: _____

Cost of counseling: _____

Funds you are investing: _____

Insurance providing: _____

Funds provided by local Church: _____

Funds requested from the Board of Pastoral Health: _____

If approved, when are the funds needed? _____

Where should funds be sent (church or counselor/address): _____

Signature

Date