Church Monetary Sponsorship Form

Client Name: _____ Referral Date:_____

Parent/ Guardian Name (if client is under 18): _____

(_____) _____

Client Phone Number Client Email

_____

Church Name Contact Name Phone

_____

Billing Address

Billing Method Email Billing Email _____

New Life Counseling's church rate is $90 per person. Please indicate below how much of the fee your church would like to pay and the client will be charged the remainder of the fee. Churches will be invoiced once a month of sessions attended. Please pay within 30 days.

The church agrees to pay $_____ out of the $90 session rate. The client agrees to pay $_____ .

For _____ sessions(# of sessions you wish to sponsor).

Brief Description of reason for referral:

1. Client must contact New Life Counseling for their appointment after church authorizes sponsorship.
2. Should the client wish to continue counseling after the sponsorship sessions have been completed, they will be charged the standard rate ($90) or a reduced rate based on the NLC sliding scale.
3. Should the program wish to sponsor more sessions a new sponsorship form must be completed.

Pastor/Designee Authorized Signature:_____ Date: _____

Completed forms can be emailed to nlcadmin@abcs.org
Feel free to call **New Life Counseling at (800) 678-0648** if you have any questions.