



Financial Assistance Form

Please print the form, complete the client information section, and sign it. Then submit it to your church to complete the church information section.

The form should be emailed to:

office@radianthopebiblicalcounseling.com

Client Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Mailing Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Preferred Contact Method:** ☐ Phone ☐ Email ☐ Mail
- **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed
- **Number of Dependents:** _____
- **Current Employment Status:** ☐ Employed ☐ Unemployed ☐ Student ☐ Retired
- **Monthly Household Income:** \$ _____
- **Monthly Household Expenses:** \$ _____
- **Brief Description of Financial Need:**

Church Information

To be completed by the client's church.

- Church Name: _____
- Church Address: _____
- City: _____ State: _____ ZIP: _____
- Pastor's Name: _____
- Pastor's Phone Number: _____
- Pastor's Email Address: _____
- Is the client a member of your church? ☐ Yes ☐ No
- How long has the client been attending your church? _____
- Is the church able to assist with the client's counseling fees? ☐ Yes ☐ No
 - If yes, amount the church can contribute per session: \$ _____
 - Total amount the church can contribute: \$ _____
- Additional Comments or Recommendations:

Authorization and Agreement

By signing below, the client authorizes Radiant Hope Biblical Counseling to discuss their financial assistance request with the church listed above. The church affirms that the information provided is accurate to the best of their knowledge.

- Client Signature: _____ Date: _____
- Pastor's Signature: _____ Date: _____