



BENEVOLENCE

Our Benevolence fund is limited by the donations received as well as the number of clients/patients who receive a gift each month. It is our desire to be good stewards of these limited resources, and we have set up the following criteria for those who apply for help from our Benevolence fund:

- A Benevolence application must be **COMPLETED IN FULL** and include all the **PERSONAL INFORMATION** requested by the application. All lines offer key information for the assessment. If even one line is left blank the staff member processing the application will have to return it to the applicant to complete it, delaying your request.
- **PERSONAL STEWARDSHIP** of your own finances will include the completion of the budget segment and an explanation of the difference between your total income and the total amount of your monthly expenses. (For example, if your monthly intake is \$1500/mo and your monthly expenses only add up to \$1200/mo, it helps us understand what happens to the remaining \$300 each month).
- **We believe in PERSONAL RESPONSIBILITY, so each applicant will be expected to contribute some amount each session from their own finances.**
- **PERSONAL INVESTMENT** in therapy implies that the client/patient is showing active engagement in his/her/their therapy as evidenced by showing up for sessions, an attitude of willingness and openness and completion of therapeutic assignments.
- In some cases, you may be asked for a **PERSONAL INTERVIEW** with a staff member assigned to handle Benevolence requests to get additional information. This staff member may ask about previous therapy and request an ROI (Release of Information) to speak with previous therapists.
- Completion of an application is **NOT** a guarantee that you will meet the requirements set forth for disbursement of funds.

Example of what a client/patient may receive:

- While we are unable to tell you what you might receive as a result of your request, applicants have received anywhere from \$50 to \$350.
- The amount received will be set aside so you and your therapist will decide how it is to be divided over the course of a number of sessions. (For example, should you receive a sum of \$100 towards your therapy and your therapist's fee is \$100/hour; you and your therapist might decide to use \$25 for each of 4 sessions, \$33 for 3 sessions, or \$50 for 2 sessions.
- In special circumstances, there may be a need to apply a second time. This is very infrequent since we want to serve as many people as possible with our limited funds.



Benevolence Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Financial Considerations

Where do you work? _____

What is your annual income? _____

What is your monthly take home amount? _____

Please list your monthly income & expense amounts below **(even if the line does not apply please mark it with a 0 [zero] so that we know you did not accidentally skip the line.** Then total up the amounts for both the income and expenses columns):

Item (each MONTH)	EXPENSES Amount	INCOME Amount
Monthly Income (Myself)		
Monthly Income (spouse)		
Monthly Income (other)		
Mortgage or rent		
Automobile payments		
Automobile Insurance		
Condo/Homeowner Fees		
Gasoline & Fuel		
Auto Maintenance		
Health Insurance Expenses		
Food & Groceries		
Credit Care monthly payments		
Phone (home)		
Phone (cell)		
Utilities		
Tithe		
Cable television		
Savings		

Dining out/Eating out		
Student loans		
Child Support Payments		
Life Insurance		
Schooling/Education Expenses		
Childcare Expenses		
Medical Expenses (co-pay, bills, medication, etc)		
Dental Expenses		
Other expenses or payments listed below with categories		
1.		
2.		
3.		
4.		
5.		
6.		
TOTALS:		

If there is a significant difference between your monthly income and your expenses (e.g., a lot left over or not enough money to make your bills) please explain what happens to the excess or how you deal with making ends meet: _____

- Do you have a personal home budget? Y / N
- Do you save money regularly? Y / N How much monthly? _____
- Are you willing to sacrifice in other areas to pay your share for the costs of counseling? Y / N
- How important do you feel counseling is to you now on a scale from 1-10 with 10 being the most important? _____
- How much are you willing to pay for your counseling? _____
- Are you currently receiving aid from any other sources? Y / N If so, please list _____
- How long have you lived at your current address? _____
- Do you have children? Y / N How many? _____ Ages _____
- Do you have other dependents such as parents, grandparents, nieces, nephews, etc? Y / N
- Church Membership (name) _____



1. How did you hear about HeartLife? Who referred you to us?

2. What is your current reason for seeking counseling?

3. How long have you been experiencing these problems (intensity, frequency and duration)?

4. Have you ever been in counseling? Who did you see? If so what issues were addressed?
Office Staff, indicate whether ROI completed ___ Yes ___ No

5. If you were diagnosed in your previous counseling what was the diagnosis?

6. What is your employment situation? _____ Where _____ Full-time? Part-time? _____ Number of hours per week? _____ If you are not employed, please explain. _____

7. What is your current living situation?

8. Are you single, married, separated, or divorced? _____
If married, separated, or divorced, for how long? _____
9. What is your age? Your spouse's age? _____
10. Who will be paying for counseling? _____
11. Describe your support system here in town? (for example, who do you count on for support, help, accountability, etc)



Please feel free to provide any information you believe would be helpful in our determination for assisting you with the cost of counseling services

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Agreement and Signature

My signature on this application affirms that the facts set forth in it are true and complete. I understand that I will be required to pay a portion of the counseling services I am requesting if I receive benevolence assistance. I further understand that should my application be approved, I will be contacted by the Office Manager as soon as possible after completion, and offered a specific stipend for your counseling. I agree that if any of the information contained herein is false, financial assistance will stop immediately and I agree to reimburse HeartLife Professional Soul-Care within a 72-hour period any and all benevolence monies provided to date.

Name (printed)	
Signature	
Date	

Our Policy

It is our desire to assist and provide the highest quality Christian professional Soul-Care available. Thank you for taking the time to complete this form. HeartLife Professional Soul-Care has limited benevolence funds available and your assistance helps us be good stewards of the funds provided for assisting those without the financial resources to get the help they need.