



Benevolence at HeartLife

Our Benevolence fund is limited by the donations received as well as the number of clients/patients who receive a gift each month. We believe in personal responsibility so each application will be expected to contribute in some amount from their own finances to each session. It is our desire to be good stewards of the limited resources in our Benevolence fund, and we have set up the following criteria for those who apply for help:

- A Benevolence application must be completed in full and include all the personal information requested by the application. Incomplete forms will not be processed.
- Completing the budget segment and an explanation of the difference between your total income and the total amount of your monthly expenses will help us understand your personal stewardship with finances. (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).
- A benevolence applicant must demonstrate personal investment in therapy by showing active engagement in each session, portraying an attitude of willingness and openness, as well as demonstrating completion of therapeutic assignments.
- In some cases, you may be asked for a personal interview with a staff member. During this time, we may ask for more personal information, which often includes details of previous therapy along with requesting a ROI (Release of Information) to speak with your previous therapists.
- Completion of an application is not a guarantee that you will be approved to receive financial assistance.

Here's some other helpful information about Benevolence at HeartLife:

- While we are unable to tell you what you might receive as a result of your request, previous applicants have received anywhere from \$50 to \$350.
- Traditionally, applicants can only receive benevolence once unless there are special and extenuating circumstances that prompt a need to apply a second time. Our goal is to assist as many as we can each year with our limited funds.
- Benevolence will be lost by the individual if they show a lack of personal investment, violate our cancellation policy, or any other policies stated in our Registration Forms.



Benevolence Application

Name _____ Phone # _____ Email _____

Home Address _____ City _____ State _____ Zip _____

Section 1: Financial Considerations, Income:

Where do you work? _____ Where does your spouse/other contributor work? _____

What is your annual gross income? _____ What is your monthly take home amount? _____

What is your spouse/other contributor's gross income? _____ Other monthly take home amount? _____

Section 2: Financial Considerations, Expenses:

Item Each Month	Expense Each Month
Mortgage/Rent	
Homeowner/Condo Fees	
Internet/Phone Expenses	
Utilities	
Cable/Subscription Television fees	
Schooling/Education/Childcare Expenses	
Automobile Payments	
Automobile Insurance	
Gasoline/Fuel	
Automobile Maintenance	
Food & Groceries	
Eating/Dining out	
Life Insurance	
Health Insurance (not deducted from paycheck)	
Medical/Dental/Prescription Expenses	
Credit Card Payments	
Child Support Payments	
Savings	
Tithe	
Other _____	
Other _____	
Total of Monthly Expenses	\$

1. How did you initially 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 (please include intensity, frequency & duration)?

4. Have you ever been in counseling? Who did you see?

5. If you have been in counseling previously or are currently seeing one of our therapists what issues were or are being addressed? _____

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

7. What is your employment situation? _____ Where _____ # of hours per week? _____
If you are not employed, please explain. _____

8. Financially, how much can you contribute per session for your therapy? _____

9. What is your current living situation? _____

10. Are you single, married*, separated*, or divorced*? _____
If married, separated, or divorced, for how long? _____

11. What is your age? Your spouse's age? _____

12. Who will be paying for counseling? _____

13. Describe your support system here in town? (for example, who do you count on for support, help, accountability, etc.) _____



Please provide any additional information you believe may be helpful in our determination for assisting you with the cost of counseling services. _____

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 my 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: _____ Date _____

Signature: _____

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.

