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| **Office Use Only**: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_ Mail\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_ |

**Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it ok to text? yes / no

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can we help you?**

**\_\_\_\_\_ I’m looking for a friend to talk to.**

Do you prefer male or female or any other preference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Someone your age or someone older? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of things would you like to talk about?

*Anxiety / Depression / Stress / Relationship Struggles / Marriage / Divorce / Substance Abuse / Other:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ I’m seeking a counseling professional.**

\_\_\_\_\_ I currently have a counselor/therapist.

\_\_\_\_\_ I am looking for recommendations.

**\_\_\_\_\_ Financial Assistance**

\_\_\_\_\_ I am planning to see a counselor and would like help paying for future visits.

\_\_\_\_\_ I am seeing someone already and would like help paying for previous visits.

**If you’re looking for financial assistance, please provide for us a summary of your out of pocket mental health expenses:**

**Do you have insurance coverage or any other form of assistance?**

**Please include supporting documentation for the cost of services you’re requesting for consideration.**

The purpose of the Mental Health Fund is to assist people connected to Central City Church who are in need of professional counseling services. This application and supporting documents assists the team to evaluate recognizable needs and determine the amount of the grant. All grants are determined based on information provided and at the discretion of the committee in evaluating grants, including funds available for grants, need, and circumstances, etal. Failure to include supporting documents might delay any grant consideration and/or limit the amount of grant available. Under normal circumstances we do not issue grants in advance of services, but we are able to pre-approve you for up to a certain amount to help you get started. We might not cover fees for missing an appointment. Grants-for-need are not insurance, nor are they normally taxable (although you should consult your tax advisor). Grants are not loans and repayment is not expected by the Mental Health Fund or Central City Church.

**Send completed form to:**

Central City Church

Attn: Mental Health Team

PO BOX 12413, Columbus OH 43212

Or email [joe@centralcity.co](mailto:joe@centralcity.co)

*(Please know that we use google nonprofits for our email, and dropbox and Google apps for our online storage. While we will do our best to keep your document secure, we can not guarantee the security of your privacy if you choose to submit this electronically.)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_