## R&R Restoration Ministry Reduced Rate/Sliding Scale Application

Instructions: Please complete the application as accurately as possible, including any information that you feel could determine the need for reduced rate pastoral counseling services. All information contained in this application is confidential.

Personal Information	
Name:	Date:
Address:	
(mailing address)	(city/state/zip code)
Phone: (home)	(cell)
Email:	
Family Information	
Marital Status: Married Single Divo	orced Remarried Widowed
<b>Children:</b> (It is not necessary to include child'	
	(gender/age/currently living in the home)
(gender/age/currently living in the home	_ 5)
(gender/age/currently living in the home	)
Employment/Income Information	
Employer:	
(name of company)	
Current Profession:	
Income before taxes, insurance, etc.? \$	
Income after taxes, insurance, etc.? \$	

Name:	(cont'd page 2)	
Is your spouse employed?		
Employer:		
(name of company)		
Current Profession:		
Income before taxes, insurance, etc.? \$	monthly	
Income after taxes, insurance, etc.? \$	monthly	
Total household income before taxes, insurance, e	tc.? \$	monthly
Total household income after taxes, insurance, etc	c.? \$	monthly
determine need.  REASON FOR SEEKING COUNSELING: What specified will be addressed through the counsel		our life are
<b>REASONS FOR REQUESTING A REDUCED RAT</b> specific needs do you have that you feel are imporqualify for receiving a reduced rate or sliding scal services?	tant to determin	ing if you

Name:	(cont'd page 3)
Note: R&R Restoration Ministry does not to counselor availability and the number of	
(printed name)	
(signature)	
(date)	