**THE EMMAUS CENTER**

**Counseling & Spiritual Direction in the Catholic Tradition**

Application for Financial Assistance

Please complete this form ONLY if you are requesting financial assistance for counseling fees at The Emmaus Center. It is your responsibility to complete this form accurately and submit it to us.

**UNTIL THE SIGNED FORM IS RETURNED, YOU ARE RESPONSIBLE FOR ALL COUNSELING FEES**

**Personal & Household Information** Date Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the Name, Age and Relationship for everyone who lives in your home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Financial Information**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net income per month:\_\_\_\_\_\_\_\_\_\_

Hours worked per week:\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net Income per month:\_\_\_\_\_\_\_\_\_\_

Are there any other adults or teenagers in the home who assist with household expenses:\_\_\_\_\_\_\_\_\_\_\_\_

If so, please list their name and monthly contribution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TOTAL OF ALL MONTHLY HOUSEHOLD INCOME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let The Emmaus Center know of any additional information that will assist us in making a decision to assist in paying a portion of your counseling fees.

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The Emmaus Center is an ministry of the Diocese of Victoria, however; we are not fully funded by the Diocese. We request each person/couple/family to pay as much as they can afford. How much do you feel you can pay toward your counseling fees? (please circle one)

$30 $25 $20 $15 $10 $5

ACCOUNTABILITY & CONFIDENTIALITY

Based on this, your signature is agreement of hold harmless the staff and counselors of The Emmaus Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Parent/Guardian Signature