

FINANCIAL MATTERS

XI. Form for Requesting Financial Assistance for Counseling

Name of Pastor: \_\_\_\_\_

Parish: \_\_\_\_\_

Name and Address of Counselee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Counselor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost to be borne by counselee: \$ \_\_\_\_\_

Cost to be borne by parish: \$ \_\_\_\_\_

Cost to be borne by Office of  
Christian Service: \$ \_\_\_\_\_

Total cost of counseling: \$ \_\_\_\_\_

If the request by the pastor or the pastoral administrator for the amount to be paid by the Office of Christian Service exceeds 50% of total cost of counselling, please explain why.

\_\_\_\_\_

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\_\_\_\_\_

Signature of Pastor \_\_\_\_\_