



<p>Please enter your (referred party's) personal contact information</p>	<p><input type="checkbox"/> Name _____ Date _____</p> <p><input type="checkbox"/> Address _____ _____</p> <p><input type="checkbox"/> Home phone _____ Mobile _____</p> <p><input type="checkbox"/> Email Address _____</p>
<p>Referred by</p>	<p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Self</p>
<p>Scholarship Provider Contact Information</p>	<p><input type="checkbox"/> Person or Organization _____</p> <p><input type="checkbox"/> Address _____</p> <p><input type="checkbox"/> Phone _____</p> <p><input type="checkbox"/> Contact Person _____ Number _____</p>
<p>Purpose of the scholarship (<i>as recommended by The Next Step</i>). Select <u>one</u> mode of treatment.</p>	<p><input type="checkbox"/> Counseling Initial Assessment and Recommendation</p> <p><input type="checkbox"/> Individual / Couple / Family Counseling</p> <p><input type="checkbox"/> Group Counseling</p> <p><input type="checkbox"/> On-Line Counseling Program</p> <p><input type="checkbox"/> On-Line Counseling Skype or Email</p>
<p>Estimated Amount of Scholarship (Use sliding scale rate based on referred party's 1040 AGI.)</p>	<p><input type="checkbox"/> Recommended # of Sessions ____ X Per Session Fee ____ = ____</p> <p><input type="checkbox"/> Flat rate program or group fee _____</p>
<p>Co-payment Option</p>	<p><input type="checkbox"/> After prayerful consideration of my budget and investment preferences I would like to contribute \$ _____ toward each session</p>
<p>Consent to Release Information</p> <p><b>Note the options start with least restrictive to most restrictive based on your preferred level of trust.</b></p>	<p><input type="checkbox"/> I consent to the release of information between John Liebner of The Next Step and (Name or names) _____.</p> <p><input type="checkbox"/> This consent remains in effect for as long as I deem it necessary and terminates upon my request. (<b>Signature</b>) _____</p> <p><input type="checkbox"/> This consent may remain in effect for up to 6 months and will terminate automatically on the last day of _____.</p> <p><input type="checkbox"/> I grant unlimited restriction on the information released between the parties identified above. (<b>Signature</b>) _____</p> <p><input type="checkbox"/> I grant limited release of information necessary to justify treatment continuance and would like written summary of release prior to release sent to email provided above. (<b>Signature</b>) _____</p>