



Application for Counseling Services
Providing Access to Mental Health Care for Our Community

THE MASSIE FOUNDATION
13009 Spring Hill Drive
Spring Hill, FL 34609
Phone: 352-616-0014 | Fax: 352-616-0016

Application for Free Counseling Services

Date of Application: _____

Applicant Information

- Full Name: _____
 - Date of Birth: _____ Age: _____ Gender: _____
 - Address: _____
 - City: _____ State: _____ ZIP: _____
 - Phone: _____
 - Email: _____
-

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____

Counseling Needs

- **Reason for Seeking Counseling:**

- **Have you received counseling in the past?**

Yes No

If yes, when and where? _____

- **Preferred Method of Counseling:**

In-Person Telehealth

- **Preferred Appointment Days/Times:** _____

- **Preferred Services:**

Individual Family Group Other: _____

- **Are you a:**

Veteran Active-Duty Military First Responder Nurse

Financial Information

These services are offered at no cost through The Massie Foundation's community support program. We collect this information to confirm eligibility.

- **Employment Status:**

Employed Unemployed Retired Student

- **Monthly Household Income:** _____

- **Number of People in Household:** _____

Consent & Acknowledgement

I understand that by applying for free counseling services through The Massie Foundation, my information will be kept confidential in accordance with HIPAA regulations. I acknowledge that services may be limited based on available funding and resources.

Signature: _____

Date:

For Office Use Only

Application Reviewed By: _____ Date: _____

Approved Waitlist Denied

Notes: _____