

Counseling Cost-Sharing Request

To Whom It May Concern:

As my home church, I am writing to inform you that I am currently seeking counseling from a certified biblical counselor with a local nonprofit ministry called *Side by Side Counseling* in Goodyear, AZ. *Side by Side Counseling* does not seek to replace the role you play in my life, but to supplement your ministry to me.

I am currently unable to pay the full amount of \$110 per session as a result of personal financial hardship. However, I strongly feel that I can benefit from meeting with a counselor. Although I am unable to pay the full amount, I am able to pay a portion of the fee.

The amount that I am currently able to pay is \$_____ per session.

I am requesting financial assistance for the remainder of the fee: \$_____ per session.

If you are able to provide financial assistance, please complete and return the attached form to me at your earliest convenience.

You may also contact *Side by Side Counseling* directly at (623) 562-3999 or visit <https://sidebysideaz.com/partner-program> for any questions or concerns.

Thank you for your continued ministry in my life.



Cost-Sharing Agreement
(\$110 per 60-minute counseling session)

CLIENT: _____

CHURCH: _____

CLIENT Share: \$ _____ Per Session (min. of \$5)

CHURCH Share: \$ _____ Per Session

of Sessions REQUESTED: _____ (max 10)

of Sessions APPROVED: _____ (max 10)

CLIENT email/phone:

CHURCH Representative name/email/phone:

By signing below, I, the client commit to pay the Client Share of the counseling fee directly to Side by Side Counseling. I understand that if I do not show-up for a scheduled session or cancel within 24 hours of a scheduled session, I, the client (not the church) will be financially responsible to pay the no-show/late-cancellation fee (\$110) to Side by Side Counseling.

By signing below, I, the church commits to pay the Church Share amount listed above on behalf of the client. The church understands they will receive an invoice once per month and agrees to remit payment in a timely manner.

Authorized Church Representative Signature

Client (or legal guardian) Signature

Date of Signature

Date of Signature

Send Invoices to:

This agreement expires upon the completion of the number of approved sessions listed above or in 6 months, whichever occurs first. Agreement is not transferrable to other clients not listed above.

SIDE BY SIDE'S MINISTRY MODEL

We partner with local churches to provide onsite counseling to congregations and our local community, staff training, and leader support. In other words, we do not have a "brick and mortar" office space. Instead, we come to your church to serve your people. Opening your doors to Side by Side helps keep our operating costs down and, in turn, enables us to offer affordable faith-based counseling to your congregation and community. With your permission, whenever possible, we will coordinate counseling sessions at your church, for your people, during normal church hours. All we need is a small space with reasonable privacy. While we collaborate with local churches, client confidentiality is non-negotiable. We never disclose client information without prior written consent.

Side by Side Counseling Signature

Date of Signature