



Church Scholarship Packet

At The Barnabas Center, we are so thankful for our church partners. A part of that partnership includes working with churches as they assist church members with counseling. This packet includes the documents you will need to complete and send back to our office prior to your first session. Full payment is expected at each appointment until all forms included in this packet are completed.

Forms you will find enclosed:

1. “Church Payment Agreement”

This form is to be completed by the client and a church representative. Client, please complete form #2 prior to completing this form in order to determine your scholarship rate. A church representative must complete the rest of this form stating their financial commitment to the client, and sign it.

2. “Request for Scholarship”

This is to be completed by the client showing why a scholarship is needed. Please complete and return this form to The Barnabas Center office BEFORE completing form #1. We will confirm your scholarship rate so you can complete form #1.

3. “Release-Authorization for Disclosure”

This is to be completed by the client. This form allows us to bill the church for counseling sessions. We cannot bill the church without a client’s written consent. Fill out this form checking the box that says “billing information,” include all church contact information, and sign it.

Once completed please email all forms to rvainfo@barnabasrva.org.

We are grateful you have chosen The Barnabas Center and we look forward to working with you!



CHURCH PAYMENT AGREEMENT FORM

All information is kept confidential

**This form is to be filled out by a church representative & the client*

Client (Church Member) Information

Client Name: _____ Date: _____

Church Information

Church Name: _____

Church Address: _____

Church Contact Name: _____

Contact Position: _____

Contact Phone Number: _____

Individual Counseling Sessions

Barnabas Scholarship Rate _____ **client please refer to your counselor's disclosure to determine your rate*

Church, please enter the following information based on your intentions to support the above-named client:

Amount per session that the church will pay: _____

Amount per session that the client will pay: + _____

**we encourage a minimum of \$10/session for client to pay*

Total cost per session = _____

Total number of sessions the church will help support: _____ totaling \$ _____

Group/Seminar

Name: _____ **Cost:** \$ _____

Amount that church will pay: _____

Amount that client will pay: + _____

**we encourage a minimum of \$10 for client to pay*

Total cost = _____

We, the above-named church, agree to pay the total amount indicated above on behalf of the named client to be used expressly for the purpose of counseling/group/seminar sessions at The Barnabas Center. In accordance with The Barnabas Center's Cancellation Policy, we understand that the client will be billed for the full fee for any missed appointments that occur without 24 hour (business day) advanced notice of cancellation. We would like funds that we are contributing to be broken up as outlined above.

Church Contact Signature: _____ Date: _____

Client Signature: _____ Date: _____



Request for Scholarship

All information will be kept strictly confidential

Client Name(s): _____

Counselor/Group Name: _____

Date of application: _____

Local Church (if applicable)

Projected Total Household Income for current year:

Income should reflect that of all wage-earners in household _____

Please describe any extenuating circumstances or changes in income in the past year:

Please indicate with Yes or No whether you have pursued each of the following options for financial assistance:

_____ Church Benevolence Fund _____ Medical Insurance Benefits
_____ FSA _____ Family/Parent Financial Support

I verify that this information is true to the best of my knowledge. I also verify I will let my counselor know if my circumstances or status in salary changes.

Client Signature _____ Email _____

Client Signature _____ Email _____

For Office Use Only

Standard Counseling/Group Rate: _____

Your Scholarship Rate: _____

Effective Date: _____

Expiration Date: _____

Authorized By: _____

Scholarships will not be honored until all paperwork is complete and signed by authorized Barnabas staff. For questions or more information please contact our administrative team at rvainfo@barnabasrva.org



AUTHORIZATION FOR DISCLOSURE

Client's name:

First _____ Middle _____ Last _____

Date of Birth: ___ / ___ / ___

Date authorization initiated: ___ / ___ / ___

Authorization initiated by: _____

Name (client, provider or other)

Information to be Released:

- Recommendations
- Verbal or Written Summary of Counseling Sessions
- Billing Information
- Assessments
- Appointment Listings
- Diagnosis and Course of Treatment
- Progress Reports
- Other (describe information in detail): _____

Purpose of Disclosure: The reason I am authorizing release is:

- My request
- Other (describe): _____

Counselor(s) Authorized to Make the Disclosure: _____

Person(s) Authorized to Receive the Disclosure: _____

Address: _____

Phone Number: _____ Email: _____

Church Authorized to Receive the Disclosure (if applicable): _____

(Note: This includes church staff and others who may handle church scholarships or billing)

Address: _____

Phone Number: _____ Email: _____

This Authorization will expire on ___ / ___ / ___ or upon the happening of the following event: _____

Authorization and Signature: I authorize the release of my confidential protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information.

Signature of the Client: _____ **Date of signature:** _____

Signature of Personal Representative and Relationship to Client (if applicable):
