

APPLICATION FOR FINANCIAL ASSISTANCE FOR  
CONFIDENTIAL COUNSELING

ALL GRANT REQUESTS MUST BE SUBMITTED IN THE CALENDAR YEAR IN WHICH SERVICES ARE PROVIDED

PART I: Completed by THERAPIST (Deadline for making application is December 28)

**As funds are available**, financial assistance may be provided to cover up to one-half of the adjusted fee to help cover out of pocket expense of each counseling session for which application is made until the full \$500.00 annual allowance per clergy family has been granted provided that coordination of benefits (COB) will be no more than 100% of the fees charged. Monthly or quarterly submissions are advised.

THERAPIST'S SOC. SEC. #: \_\_\_\_\_ (OR) FED I.D. #: \_\_\_\_\_

\*\*\*CASE NUMBER per clergy family: (TO BE ASSIGNED BY THERAPIST) \_\_\_\_\_ (Please do not use client's SS#)

THERAPIST: \_\_\_\_\_ Credentials: \_\_\_\_\_ Email: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This application covers sessions conducted from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

To figure amount payable by the NC Conference:

- 1) What does the client owe per session: \_\_\_\_\_ copay/ \_\_\_\_\_ other fees
- 2) Number of sessions: \_\_\_\_\_
- 3) Multiply the number of sessions by what the client owes per session: \_\_\_\_\_
- 4) Divide amount from #3 by 2: \_\_\_\_\_ (this equals the amount requested)

Indicate the number of sessions per category since filing the last application for this case number:

Cleric: \_\_\_\_\_ Cleric & Spouse: \_\_\_\_\_ Spouse: \_\_\_\_\_ Family: \_\_\_\_\_ Child: \_\_\_\_\_

In signing this application, I guarantee all of the following:

- 1.) I have verified that the client (s) is/are either:  
a member of the North Carolina Conference of the United Methodist Church  
under appointment by the Bishop of the N.C. Conference; a dependent of a clergy  
person with either status. {The Client can show reference to the JOURNAL, which would  
indicate status.}
- 2.) I have read the information on the back of this form and am complying with it.

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE ONLY**

PART II: Completed by The Office of Clergy Life

Amount Approved \$ \_\_\_\_\_ DATE: \_\_\_\_\_ Total granted for current year \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ (Chair/Clergy Care)

Forms available at:

<https://nccumc.org/clergy-life/clergy-resources/>

## INSTRUCTIONS FOR COMPLETING THIS FORM

At the client's request, the counselor or therapist should apply for financial assistance through the Committee Chair of Clergy Care (address below). Financial assistance MAY be provided to out of pocket costs of each counseling session for which application is made until the \$400 annual allowance (**per clergy family**) has been granted provided that coordination of benefits (COB) will be no more than 100% of the fees charged. The Clergy Care Committee provides financial assistance to clergy families of the North Carolina Conference of The United Methodist Church who seek confidential counseling and therapy. Clergy Care funds are NOT to be used for career enhancement, but are limited to personal growth and well-being.

The following explains how to fill out the Application for Financial Assistance for Confidential Counseling:

1. The therapist (or client) can request Application Forms with instructions from the Office of Clergy Life 919.779.6115.

### **YOUR REQUEST WILL REMAIN CONFIDENTIAL**

2. The therapist should fill out PART 1 of the form as follows:
  - Therapist's soc. Sec. # or Employer I.D. # must be provided to receive payment
  - **A case number** (provided by the therapist) must be assigned for the client (per clergy family). The Client is identified by this case number and not by name or social security #. Please use the same case number for the client while they are receiving funds from the clergy care grant
  - Therapist: enter your name, address, credentials
  - Enter initial date client received therapy from you
  - Enter dates of sessions "from - to"
  - Follow the prompts on page 1 to calculate the amount being requested
  - Enter sessions per category
  - Sign form and enter date and indicate that you have verified the eligibility of the client for funds through the United Methodist Conference Clergy Care Committee, and that you are complying with the application requirements
  - The North Carolina Conference will reimburse the therapist, not the client
  - Please submit requests within 60 days of session
3. DEADLINE for session applications is December 28, as funds are available. ***Funds MAY NOT be requisitioned in advance of service or carried over into the next year, therefore we encourage you to NOT hold billings until the end of the year. We encourage you to submit the request monthly. Once funds are depleted, the Conference will no longer accept applications***
4. This application should be sent to **\*\* Becki Leeland, Office of Clergy Life, 700 Waterfield Ridge Place, Garner, NC 27529** or via email to **clergy@nccumc.org** for review to determine eligibility of funds. After approval, the Office of Clergy Life will reimburse the therapist (not the client) to ensure anonymity. The therapist can apply this to the client's account or refund the client as appropriate. Clients should request from the therapist a record or statement showing financial assistance received on their behalf. If this procedure of reimbursement is not acceptable with the therapist because of the payment contract, the client should request the therapist to contact the Office of Clergy Life to discuss different options of reimbursement.