Counseling Paid Forward Referral Form 

Thanks for your interest in counseling services. Please complete this form with as much detail

as possible. Our goal is to connect you with appropriate counseling at a reduced cost.

**General Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check one: Part-time: \_\_\_ Full-time: \_\_\_ Other: \_\_\_  
How many children under the age of 18 live in your household? \_\_\_\_\_\_\_\_\_  
Do you have a home church? \_\_\_\_\_\_ Yes Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_ No

**Counseling Information**What is the primary reason you are asking for counseling benevolence?

\_\_\_\_\_\_ no mental health insurance \_\_\_\_\_\_\_\_ high deductible insurance

\_\_\_\_\_\_ low income \_\_\_\_\_\_\_\_ other

Have you approached your home church for financial assistance? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

What is the type of counseling requested?

\_\_\_general \_\_\_children/play therapy \_\_\_family \_\_\_individual \_\_\_marriage \_\_\_EDMR/trauma

How committed are you to completing counseling?

Very Uncommitted 1 2 3 4 5 Very Committed

How did you hear about counseling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date submitted: Referred By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer:** Benevolence is not guaranteed by submitting this form. Please contact a CPF counselor for an appointment and to begin the process.

***CONFIDENTIALITY NOTICE:****All submitted information is confidential and only shared with parties within this agreement. Any review, disclosure, distribution, copying, printing, reliance upon or other use of the information in this form by persons or entities other than the specified parties is strictly prohibited.*