

AWF CONFERENCE APPLICATION FOR FINANCIAL ASSISTANCE FOR CONFIDENTIAL COUNSELING

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

PART I: Completed by **THERAPIST** (Deadline for making application is December 31st)

As funds are available, financial assistance will be provided to cover up to one half of the client's copay/coinsurance amounts for each counseling session until the full \$250.00 annual allowance per clergy family has been granted. Monthly or Quarterly submissions are advised.

THERAPIST'S LICENSE #: _____ or **FED I.D. #:** _____

CASE # per clergy family (To be assigned by Therapist) _____

****Please DO NOT use client's SS# ****

THERAPIST NAME: _____

CREDENTIALS: _____ **EMAIL:** _____

CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

This application covers sessions conducted from: _____ to _____

To figure amount payable by the AL – West Florida Conference complete the information below:

- Enter total number of sessions _____
- Multiply the number of sessions by the client's copay/coinsurance amount _____
- Divide the total by two _____ (This amount equals the subsidy requested)

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

Clergy _____ **Clergy & Spouse** _____ **Spouse** _____ **Family** _____ **Child** _____ **Other** _____

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 AL- West Florida Conference of the United Methodist Church under appointment by the resident Bishop or/and a dependent of a clergy person with either status. (The client must provide a copy of his/her current AWF Conference Journal entry to prove status).
2. I have read the information on the back of this form and I am complying with it.

THERAPIST SIGNATURE: _____ **DATE:** _____

INSTRUCTIONS FOR COMPLETING THIS FORM

At the client's request, the counselor or therapist should apply the financial assistance through the Office of Ministerial Services (see address below). Financial assistance may be provided to help cover out the pocket costs of each counseling session for which application is made until the \$250.00 annual allowance (per clergy family) has been granted. The Board of Ordained Ministry provides financial assistance to clergy families of the Alabama West Florida Conference of The United Methodist Church who seeks confidential counseling and therapy. (The client can show reference to the AWF Conference Journal, which would indicate status.) Clergy Care funds are NOT to be used for career enhancement but, are limited to personal growth and well-being.

This application form can be found at www.awfumc.org/ministerialservices/clergycarecounseling

Please note that funds MAY NOT be requisitioned in advance of service or carried over into the next calendar year, therefore we encourage you to NOT hold billings until the end of the year.

Once completed, this application can be mailed to:

**AWF Ministerial Services Office
4719 Woodmere Blvd.
Montgomery, AL 36106**

And/or emailed to Erika Glawson at: erika@awfumc.org

Once received, we will review and determine eligibility of funds. After approval, The office of Ministerial Services 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 Ministerial Services to negotiate an acceptable procedure.