



Mail/fax/drop off completed application to:
 Attn: Stephen Fund
 Chicago Christian Counseling Center
 15127 South 73rd Avenue, Suite G
 Orland Park, IL 60462
 Phone (708) 845-5500
 Fax (708) 845-5505

STEPHEN FUND Assistance Application

CONFIDENTIAL

NOTE: Filling out this application is not a guarantee of financial assistance.

NAME: _____ ADDRESS: _____
 CITY/STATE: _____ ZIP: _____
 PHONE #(s): _____ email: _____

Dear applicant,

The cost of providing services continues to increase every year, yet we would like to provide options to assist you financially. We are a not-for-profit organization and want to serve all who come our way. It is only because of the sacrificial giving of others to the STEPHEN FUND that we may be able to assist you.

Here are some important things to understand:

- o **Cost per session is \$120 - \$155**
- o **100% of these funds must come from someone or someplace**
- o If you are granted STEPHEN FUND assistance, we will be able to grant help for **8 sessions** per year based on availability of funds.
- o **We need you to carefully consider your contribution toward this full cost.**

Please consider the following options: (We realize all options may not be feasible for you.)

____ I have discussed my need with family members and they will contribute \$_____ at each session.

____ I have discussed my need with my church (pastor/elder) and they will contribute \$_____ for each session. Chicago Christian Counseling Center will bill your church. Please note below the name and phone number of the person who has authorized church billing. Please also provide the name and address of the church we will bill.

NAME: _____ PHONE #: _____
 CHURCH NAME: _____
 ADDRESS: _____
 CITY/STATE _____ ZIP _____

____ I authorize the Chicago Christian Counseling Center to contact my church (pastor/elder) to discuss financial assistance for my counseling fees. Please note below your church and the name and phone number of the person we should contact.

SIGNATURE TO AUTHORIZE CONTACT: _____
 CONTACT NAME: _____ PHONE #: _____
 CHURCH NAME: _____

____ By stretching my finances, I am able to contribute \$_____ at each counseling session either in cash or check.

INCOME/EXPENSE STATEMENT:

Monthly Income: \$_____ (please attach copies of two most recent pay stubs or a copy of last year's 1040 – just top two sheets. (If a two wage earner family, attach copies for both wage earners.)

Monthly Fixed Expenses (rent, mortgage, utilities, groceries, etc.): \$ _____

Monthly variable Expenses (entertainment, vacations, insurance, etc.) \$ _____

*******For Office Use Only*******

Request initiated by Front Office Therapist: _____

SF Granted \$ _____ Date: _____ Signature: _____