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| Application For Counseling Services | A picture containing object  Description automatically generated |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | Date: | | MM | |  | DD | |  | YY |
| First Name | | Emergency Contact | | | | | Name | | | | | | | |
| Last Name | | Emergency Contact | | | | | Phone | | | | | | | |
| Have you used any of our services before? | | Yes |  | | No | |  | | Specify | | |  | | |
| Address | | City | | | | | State/Zip | | | | | | | |
| Phone Number | |  | | | | | | | | | | | | |
| When would be a good time to reach you? | | Time | | | | | May we leave a Voicemail Message? | | | | | | | |
| Email Address | | Email | | | | |  | | | | | | | |
| Permission to Text/Call/Email? (Y/N) | | Email |  | | Text | |  | | Call | | | | |  |
| Reasons for seeking counseling? | |  | | | | | | | | | | | | |
| How would you qualify for services through our organization? (See qualification criteria) | |  | | | | | | | | | | | | |
| Low/No Cost counseling services are provided by counselors in the Internship process at Oakland University. Our Interns are supervised and would be discussing cases with their supervisor. Do you agree to these terms? | | Yes I agree  (Initials here) | | | How much do you feel you can afford on a weekly basis to pay for counseling services? | | | | | | | | | |
| $0 - $10 | | $10 -$20 | | $20 –  $30 | | | | | $30-  $40 |
| What is your availability? (List days/times) | | Monday – Friday (9am – 7pm)  Saturday (9am – 2pm)  Sunday (12pm – 3 pm) | | | | | | | | | | | | |
|  | |
| Referred by: | Name or person or Organization | | | Email to: [Thaarcareservices@gmail.com](mailto:Thaarcareservices@gmail.com)  Or  Fax to: 248-250-5482 | | | | | | | | | | | |
| Office Use Only:  Application Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)  Call/Email/Text Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Time)  Application Approved/Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By Whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counseling Provided By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Starting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Payment$\_\_\_\_\_\_ | | | |
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