



**\* MAIL THIS FORM \***

**FOR OFFICE USE**

Date Recv'd. \_\_\_\_\_  
 Appl. Fee \_\_\_\_\_  
 Cnsl. Assist. Appl. \_\_\_\_\_  
 Ft. Sht. \_\_\_\_\_

3602 Floyd Avenue, Richmond, VA 23221

**APPLICATION FOR BIBLICAL COUNSELING**

**PERSONAL INFORMATION (Confidential)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ ZIP \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ When is the best time to reach you by phone? \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 Education: (last year completed) (grade) \_\_\_\_\_ Other training: (list type and years) \_\_\_\_\_

Referred here by \_\_\_\_\_  
 Present church attending \_\_\_\_\_ Pastor's name \_\_\_\_\_  
 Is your Pastor aware that you have contacted us for counseling? \_\_\_\_\_  
 Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+  
 Religious background of spouse (if married) \_\_\_\_\_  
 Briefly explain *your* reason for seeking counsel at this time \_\_\_\_\_

**HEALTH INFORMATION**

List all important present or past illnesses or injuries or handicaps or surgeries \_\_\_\_\_  
 Date of Last medical examination \_\_\_\_\_ Report \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

Are you presently taking medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
 Have you used drugs for other than medical purposes? \_\_\_\_\_ What? \_\_\_\_\_  
 Have you ever had a severe emotional upset? \_\_\_\_\_ Explain \_\_\_\_\_  
 Have you ever had any psychotherapy or counseling before? \_\_\_\_\_  
 If yes, list counselor or therapist and dates \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**AVAILABILITY (Please provide the hours available, i.e. 3:00 -- 8:00 PM)**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**MARRIAGE AND FAMILY INFORMATION**

Name of spouse \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Business phone \_\_\_\_\_  
Spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_  
If spouse is involved in counseling, *their* reason for seeking counseling (*To be filled out by spouse*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate Spouse's health (Good, fair, poor, other) and list any pertinent medical information \_\_\_\_\_  
\_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ If so, when? From \_\_\_\_\_ to \_\_\_\_\_  
Has either of you ever filed for divorce? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Date of marriage \_\_\_\_\_ Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
How long did you know your spouse before marriage? \_\_\_\_\_  
Length of dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_  
Give brief information about any previous marriages \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT CHILDREN: (Note: Each counselee is responsible for their own Childcare)**

Names	Age	Sex	Living		Education in years	Marital status	Part of Counseling	
			(Yes	No)			(Yes	No)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Have you, or your spouse, successfully completed *Biblical Problem Solving* or *Building Biblical Relationships*?  
Y/N \_\_\_\_\_ Year completed \_\_\_\_\_ Teacher \_\_\_\_\_

My signature below indicates that I consent to allow note taking and taping of any counseling sessions conducted by CCTC on my behalf. I understand that my case may be discussed with other counselors at CCTC, other professionals and/or my church leadership, but only to the degree necessary to find further Biblical solutions to the problems presented. I understand that any outside consultation will be discussed with me and will be conducted in accordance with the highest standards of Biblical ethics. I further agree not to hold CCTC liable for any malady, illness, and/or death, the cause of which may be attributable to the side effects of any prescription or medications which I am currently taking.

*Signature of applicant (s):* \_\_\_\_\_  
*Date:* \_\_\_\_\_

**COMPLETE THIS FORM AND MAIL IT,  
ALONG WITH THE \$50.00 \* ADMINISTRATIVE/ASSESSMENT FEE TO:  
CCTC, 3602 Floyd Avenue, Richmond, VA 23221  
The Counseling Coordinator will then call to schedule your Assessment.**

You may pay your administrative/assessment fee via credit card. If you choose to do so complete the following before mailing back.

MC/VS# \_\_\_\_\_ EXP DATE \_\_\_\_\_

Print name of cardholder: \_\_\_\_\_

Cardholder address: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature of authorized user: \_\_\_\_\_



**\* PLEASE SIGN AND MAIL THIS FORM \***

**A FACT SHEET FOR APPLICANTS TO BIBLICAL COUNSELING**

Here are some facts about the Christian Counseling & Training Center (CCTC) that will help you to know what to expect as you apply for Biblical Counseling. Please take a moment to read over the fact sheet and sign it. Feel free to call us if you have any questions.

1. The Christian Counseling & Training Center (CCTC) is a non-profit ministry designed to serve people who have problems they cannot handle alone. The range of problems with which we deal is very wide. It includes broken and dysfunctional marriages, parent-child relationships, depression, alcohol and drug abuse, and any number of other problems that result in personal and interpersonal turmoil and distress.
2. The counselors/instructors at CCTC have been intensively trained in the principles and practices of Biblical Counseling. They are *not* trained psychotherapists or licensed professional counselors, *nor* do they practice psychological therapy.
3. The Biblical counselor/instructor maintains that the Scriptures provide practical, in-depth solutions to every type of problem of attitude, behavior and emotion. He is committed to the position that the Scriptures provide the only authoritative rule of faith and conduct for life.
4. The counselors usually work in teams. Sessions are normally one hour and are conducted by a lead counselor, who is assisted by either one or two others. This is done to allow for greater insight and objectivity in the counseling process and for the purpose of training less-experienced counselors. All of the counselors are under some form of supervision and come to us with the support and recommendation of their pastors and/or local church.
5. Confidentiality is respected. What occurs in class or the counseling session may be discussed with other counselors or the leadership of your church, but only to the degree necessary to find further Biblical solution to the problems presented and/or for training purposes. Exceptions to this policy would involve situations that the Scriptures or the Laws of Virginia demand otherwise. In either case the counselee will be informed prior to such disclosure. All such consultation will be conducted in accord with the highest standards of Biblical ethics.
6. We at CCTC believe in the total health needs of the counselee. Your counselor or instructor may recommend that you have a full or specified medical examination.

(continued on the back)

7. Upon completion of the enclosed paperwork, *you are to mail your application, along with the \$50 Administrative Fee to the CCTC office (3602 Floyd Avenue, Richmond, VA 23221) and the Counseling Coordinator will call you to schedule an Assessment. There is no fee for the Assessment appointment.* The purpose of this appointment is to evaluate your situation and needs, and to give recommendations, which could include: weekly counseling sessions, counseling courses, crisis intervention, and/or referral to another counseling organization. Necessary administrative processing will also take place. This includes an orientation to counseling, along with signing necessary release forms.
8. Financial Considerations:
- a. There is a \$50 Administrative fee which must accompany the completed Application for Counseling. The Administrative fee must be received prior to scheduling your Assessment appointment. There is no charge for the initial Assessment.
  - b. When meeting with a counseling team a donation of \$50 is suggested for each additional session following the Assessment.
  - c. There is tuition for the courses, as outlined in the quarterly CCTC course flyer, but it has been kept at a minimum to cover our hard costs, so that finances will not hinder anyone from taking the courses.
  - d. If you currently experiencing financial difficulty and find the cost to be prohibitive, please refer to our Financial Resource Checklist and Counseling Assistance Application. We ask that you give serious prayerful consideration to both of these forms as you determine how you might contribute towards the expense of your counseling.

*\*Please note that no one will be denied help due to lack of financial resources.*

9. Due to this financial position, the costs to CCTC exceed the income from the counseling and classes. As a non-profit organization, CCTC is dependent on support from a variety of sources including the people we serve. This is a Biblical means of support for continuing the work of ministry (Gal. 6:6; Mt. 10:5-11; I Cor. 9:14; I Tim. 5:18). Upon completion of your counseling, monthly support to CCTC is greatly appreciated!
10. **Come with high expectations!** We believe that with your cooperation, the Lord will help you find a good and acceptable answer to the difficulty that prompted you to contact us.

**Now, please complete the enclosed forms and mail them, along with the administrative fee, to CCTC to begin your counseling process as soon as possible. After receiving your application, the Counseling Coordinator will call you to schedule your appointment. Be sure to include phone numbers and the best time when you can be easily reached.**

**We have already begun to pray for you and for those involved in your particular situation. Please begin to pray for us as well that we might know how best to serve you.**

*I, the undersigned, do testify that I have read and understand the above information.*

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**Signature and Date**

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**Spouse Signature and Date**