



FOR OFFICE USE

Date Recv'd. _____
 Appl. Fee _____
 Cnsl. Assist. Appl. _____
 Ft. Sht. _____

2510 Professional Road, North Chesterfield, VA 23235 * 804-358-1343

Application for Biblical Counseling

PERSONAL INFORMATION (Confidential)

Name _____ Phone _____
 Address _____ Zip Code _____
 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 Counseling	Age	Sex	Living	Education		Marital		Part of in years	status
				(Yes	No)	(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 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 submit \$75.00* for Administrative Fee to:
CCTC, 2510 Professional Road, North Chesterfield, VA 23235 OR info@cctcinc.org
 *payments can be made by check, completing form below, or go to cctcinc.org and see donor button
The Counseling Coordinator will then contact you with your appointment.

You may pay your administrative/assessment fee via credit card, if you choose to do so complete the following:

MC/VS# _____ Exp. Date: _____ CardVV: _____
 Print name of cardholder: _____
 Cardholder address: _____ State: _____ Zip Code: _____
 Signature of authorized user: _____



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 read the fact sheet and sign, call us if you have any questions.**

1. CCTC is a non-profit ministry designed to serve people who have problems they cannot handle alone. The range of problems is very wide, some include broken and dysfunctional marriages, parent-child relationships, depression, alcohol and drug abuse, and other problems resulting 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/She 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, assisted by one other. 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.
7. Upon completion of this document, ***mail or email to CCTC, see contact information below.*** *The Counseling Coordinator will call you to schedule an 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.

continued on the next page

8. Financial Considerations:

- a. There is a \$75 Administrative fee which must be submitted, which covers your assessment appointment, the first session. *Submit fee by check via U.S. mail or online through our website at cctcinc.org.*
- b. When meeting with a counseling team a donation of \$75 is suggested for each additional session following the Assessment.
- c. There is tuition for the CCTC courses, as outlined in the quarterly CCTC course schedule and/or website 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 are experiencing financial difficulty and find the cost to be prohibitive, please refer to our *Financial Resource Checklist* and/or *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.***
- e. 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!

9. **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.

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.

Signature and Date

Spouse Signature and Date