

# Church Partnership Agreement

Chuck Fallon, LPC

Dear Church Leader,

This letter is being presented to you by a member of your faith community who is seeking financial assistance for Christian counseling with Chuck Fallon, LPC.

For years we have provided a way for people to find quality, affordable Christian counseling. To continue in this effort, we offer the opportunity for area churches to provide financial help for people in their congregations who need counseling through Church Partnerships.

We realize that people who invest in their care tend to place more value on the counseling experience, and often progress more quickly. That is why we require clients to contribute financially toward their counseling, which is outlined on the following form.

Please review the Church Partnership Agreement and prayerfully consider how you can help.

We promise you that we will treat those in our care with grace and integrity, echoing the same Biblical values that they hear from the pulpit and see modeled in their faith community.

If you have any questions, please give me a call.

Because He lives,

Chuck Fallon, LPC  
720.295.2827  
chuck@chuckfallon.com  
chuckfallon.com

member of the  network

# Church Partnership Agreement

Chuck Fallon, LPC

Date: \_\_\_\_\_

## Client(s) seeking assistance:

Full Name(s): \_\_\_\_\_

Full Name(s): \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

## Client(s) Agreement:

I/We agree to participate fully in the counseling experience, and are willing to pay as much as possible toward the fees that my church has kindly agreed to supplement.

\$\_\_\_\_\_ Amount paid by Client(s) per session.

Signature of Client(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

## Support Organization:

Organization Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Support Agreement:

We agree to provide financial assistance on behalf of the Client(s) listed above for the amount of sessions preferred, paid directly to Good Counsel.

\$\_\_\_\_\_ Amount of support (enclosed) for \_\_\_\_\_ number of sessions.

**Signature of Representative:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form with a check made payable to:**

Chuck Fallon, LPC  
P.O. Box 150334  
Lakewood, CO 80215-0334

Thank you for making quality counseling available to your community.

member of the  network