

Counseling Reimbursement Request Form

All answers are confidential to the CMC. Some answers may require follow up by the CMC.

Minister's Name: _____

Contact Phone: _____

Contact Email: _____

Church: _____

1. Please identify who in the family is receiving counseling: _____
2. Please briefly describe the reason for seeking counseling: _____

3. CMC ordinarily partners with Presbytery Diaconal Committees (PDC) in providing financial assistance to ministers. Is this request for counseling one you would prefer to be kept confidential from the PDC, and seek reimbursement only from CMC? If yes, please briefly explain. _____

4. Likewise, is this counseling matter and request one that you wish to be kept confidential at this time from the local session/church? If yes, please briefly explain. _____

5. Please list health insurance coverage, and the amount expected to be covered by insurance per session: _____

6. Please provide the estimated reimbursement you are requesting per session: _____

Signature: _____

Date: _____

Please email completed application to john.fikkert@opc.org. If you have any questions, please contact John Fikkert at (641) 651-0346 or john.fikkert@opc.org.



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