

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: _____
6. Please list total cost of counseling per session and the contribution amounts expected to be covered by each party. (CMC would normally expect the party receiving counseling to contribute some amount to the total. If a financial hardship exists, please describe in an additional note).

<u>Total Cost per Session</u>	\$ _____
i. Insurance Contribution per Session	\$ _____
ii. Personal Contribution per Session	\$ _____
iii. Requested CMC Contribution per Session	\$ _____

Signature: _____

Date: _____



The Committee
on Ministerial Care

Orthodox Presbyterian Church
607 Easton Road, Building E
Willow Grove, PA 19090-2539
www.OPCcmc.org

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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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