



CHRISTIAN COUNSELORS OF MOORESVILLE

Christian Counselors of Mooresville/Church Partnership Agreement

The purpose of this agreement is to define the church's financial responsibilities in the counseling relationship for the parties named below.

Name of the Church

Name of the person receiving financial assistance for counseling (the client)

of sessions approved: _____

Church will pay \$_____ per session

Client will pay \$_____ per session

*The church pastoral staff signature below gives authorization for the client(s) to receive counseling for the number of sessions documented above. The client's signature below verifies acceptance of the terms listed above and accepts the financial commitment for counseling. If the client does not show up for a scheduled appointment, the client (not the church) will be responsible for the full session fee.

Print _____ Sign _____ Date _____

Church pastoral staff

Print _____ Sign _____ Date _____

Client

Print _____ Sign _____ Date _____

Counselor

After each session, invoices (as PDFs) will be emailed to the church for remittance. Call Christian Counselors of Mooresville at 704-658-0238, if you have any questions.