



Phone: (317) 585-1060
Toll-Free: (888) 701-1060
Fax Line: (317) 585-9811

CASTLETON
7526 East 82nd Street
Indianapolis, Indiana 46256

NOBLESVILLE
17777 Little Chicago Road
Noblesville, Indiana 46060

ZIONSVILLE
5801 South 650 East
Whitestown, Indiana 46075

Membership Assistance Program (MAP)

AUTHORIZATION FORM

_____ authorizes Family Counseling Associates to bill them monthly for Professional Counseling Services for the following person(s). The dollar amount that the church is willing to pay per one hour session is stated below. (MAP Rate = \$80)

Name of Individual/Couple	Amount <i>per session</i> to be paid by church	# of sessions
_____	\$ _____	for _____

- The church will not be helping financially, but please allow the person(s) to be seen at the MAP rate
- Case review after _____ sessions to consider continuing financial assistance by the church
- Other _____

Counselor Referred to (if preference): _____

Valid From: _____ to _____ (Month, Day, Year)

Special notes: _____

RELEASE OF INFORMATION CONSENT FORM

I authorize representatives of _____ and the therapists of Family Counseling Associates to exchange information regarding my counseling sessions, including treatment plans and progress reports for the purpose of my receiving monetary assistance from the church.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please mail to: Family Counseling Associates
7526 East 82nd Street, #150 OR **Fax to:** (317) 585-9811
Indianapolis, IN 46256