



FCA 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= \$90)

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

PLEASE CHECK WHAT IS APPLICABLE FOR THE MAP REFERRAL:

- 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 (Brief Explanation:) _____

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 Return This Completed Form by:

Fax – (317) 585-9811

Email Scan Attachment – Sarah@fcahelp.com

Mail – Family Counseling Associates, 7526 East 82nd St., Suite 150, Indianapolis, IN 46256