

# Christian Therapy Services

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Catherine DeLoach Lewis, MA, LCMHC  
4525 Hedgemore Drive, Suite E  
Charlotte, NC 28209

## CHURCH PARTNERSHIP FORM

To Whom it May Concern: \_\_\_\_\_  
(Church contact name)

\_\_\_\_\_  
(Title/position at church providing assistance) (Email address)

Information on Church  
Providing Assistance: \_\_\_\_\_  
(Name of church)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(Website) (Main phone number)

Person Seeking Assistance: \_\_\_\_\_  
(Must be adult woman 18 years or older)

\_\_\_\_\_ (Name of church) will financially help for the number of counseling sessions listed in the gray box below. If more sessions are needed and this person is still unable to pay the full session fee, then they will need to submit another form to the church for additional help. If the person we are assisting does not show for or cancels appointments, the person we are helping will be responsible for any fee Christian Therapy Services may charge.

Counseling fee: \$130.00 per session: Person seeking assistance pays \$\_\_\_\_\_ per session: Church pays \$\_\_\_\_\_ per session: Total number of sessions: \_\_\_\_\_

**Person seeking assistance:** I understand and accept my responsibilities for these sessions as described on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Church contact approving assistance:** I understand that Catherine DeLoach Lewis, MA, LCMHC dba Christian Therapy Services, will invoice the church named on this form for the amount and number of sessions described in the gray box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_