



COUNSELING REIMBURSEMENT APPLICATION
FLATIRONS COMMUNITY CHURCH

Date _____

Your Name _____

Phone (Cell) _____ Phone (Home) _____

Email _____ Address _____

_____ City, State, Zip _____

Family Members Who Live with You:

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

Have you read the attached "Criteria for Counseling"? _____

Have you applied for counseling reimbursement from Flatirons in the past? _____ Approx date _____

How long have you attended Flatirons? _____ Which Campus? _____

Where are you connected at Flatirons? (What ministry do you volunteer in? etc.)

Office Notes