

Client Assistance Fund

We welcome you to FamilyLife Counselling Support. We are a charitable trust that has been serving couples in NZ since 1990, through events, workshops, resources and support services. In everything we do, our heart is to build and strengthen marriages and families across our beautiful nation.

We believe *“When people develop effective relationship skills, their relationships flourish”*. That’s what we’re all about - flourishing relationships!

With that in mind, the Counselling Services at FamilyLife are committed to providing our support to people in need. Our aim is to help couples access Couples Therapy by providing subsidised counselling to those that cannot afford the full cost of counselling and through linking couples in need with counsellors from our recommended counsellor network.

What is the Client Assistance Fund?

The Client Assistance Fund is a way FamilyLife provides affordable counselling to those who may have difficulty affording the services. While every client is required to pay a fee for their counselling service, the Client Assistance Fund is a subsidy that reduces the portion you are required to pay.

How are the fees established?

Fees are established by considering net income, household size and other financial resources. To continue providing funds to those in need, the fee may be adjusted when there is a change in your financial status, and the rate will be reviewed after every 10 sessions.

What should I consider in applying for the Client Assistance Fund?

- Do I have a savings account, investments, or other assets I could use to pay for therapy?
- Do I have a family member who could provide financial support for my therapy?
- Do I have an employer or congregation that would be willing to contribute to my therapy?

Who provides funds for the Client Assistance Fund?

The Client Assistance Fund is made available by our loyal generous donors and community grants.

What are the steps to applying for the CAF, being approved and payment method?

1. Client applies for a subsidy by completing the “Client Assistance Fund” application form.
2. Once the application is submitted, the FamilyLife(FL) Representative will process the application and notify the applicant on the acceptance of application and the amount covered.
3. Client informs Counsellor on the subsidy amount covered by FL and requests for the invoice to be sent to FamilyLife and Client. The invoice will indicate the subsidy amount covered by FL and the amount covered by the Client, summing up to the Therapist’s total fee.

What if I require a Counsellor and some funding assistance?

We are pleased to be connected to Counsellors/Therapists through our Counsellor Referral Network, and we continue to grow this network so that we may be a bridge between couples who seek relationship counselling and Professionally Accredited highly skilled Counsellors.

If you require assistance in finding a Therapist, please fill out the Find Help Form (<https://familylife.nz/about/find-help/>) and our FamilyLife Staff will get in touch with you shortly.

Terms and Conditions

By applying for the Client Assistance Fund, I acknowledge that:

- I will immediately notify FamilyLife if there is a change in my financial status.
- My application will be reviewed after every 10 sessions. My fee may be adjusted if my financial circumstances change.
- I will be charged the full established fee for appointments missed or cancelled without a 48-hour cancellation notice. Three incidents of this may result in a termination of provision from the Client Assistance Fund.

FamilyLife Client Assistance Fund Application

Once you've filled out the application, please email the form to info@familylife.nz
and a FL representative will get in touch with you shortly.

Client Name: _____

Date: _____

Therapy Fee Amount: _____

A.) Total Net Household Income Per Year:

- \$10,000 to \$19,000 per year (\$190 to \$365 per week)
- \$20,000 to \$ 29,000 per year (\$385 to \$555 per week)
- \$30,000 to 39,000 per year (\$575 to \$750 per week)
- \$40,000 to \$49,000 per year (\$770 to \$940 per week)
- \$50,000 to \$59,000 per year (\$960 to \$1135 per week)
- \$60,000 to \$69,000 per year

B.) List any additional sources of income or financial support for therapy (congregation, family, employer):

- 1.) _____ 3.) _____
2.) _____ 4.) _____

C.) Household size:

Total # in Household _____ # of Dependents _____

D.) Please explain any other significant financial factors

Please review the information about the Client Assistance Fund attached to this application and provide your signature below, indicating:

I have read the terms and conditions of the Client Assistance Fund and declare that all the information I have provided in this application is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information given to FamilyLife Counselling Services may affect the financial assistance I receive and result in increased fees.

Client Signature

Date

Internal Use

A.) Subsidy Fee Covered by FL: _____

B.) Rationale for Fee (if varies from sliding scale):

FamilyLife Representative

Signature

Date

C.) Review by FL Administrator: _____

FL Administrator Signature

Date