

**The Grace Place Church Counseling Referral Form for Reigning Grace Counseling Center**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Counseling Type (Circle One):      Individual          Family

Are you an **Active Member** at The Grace Place Church? (Circle One):      Yes          No

I understand that if approved the church will **only** pay for my Initial Assessment Session with a counselor.

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

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**For Office Use Only**

Church Membership verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Pastor Approval (circle one):      Yes          No

Pastor Signature: \_\_\_\_\_

Revised 12/6/23

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