

Applying for Counseling at Bayside Church

Thank you for your interest in seeking assistance through Bayside Counseling Ministries. It is our desire to assist you with counseling that is both biblical and appropriate to your level of need. All counseling is provided by individuals who have a personal relationship with Jesus Christ.

Step #1 – Completing your application – Please complete the attached Counseling Application and return it to Care Ministry. That will begin your case assignment process.

Step #2 – Case assignment to one of our counselors – Assignment to a counselor may take up to **5-10 working days**. Upon receipt of your completed application our Clinical Supervisor will refer/assign your “case” to one of the following types of counselors based upon the information you provide on your application. Once you are assigned, your counselor will call you to set up your first appointment. **Please wait for their call.**

- **Clinical Counseling (\$60.00)*** – Provided by graduate and post-graduate level therapists who are psychologically trained, supervised by a licensed therapist, and in the process toward licensure by the State of California. The majority of counseling at Bayside occurs at this level.
- **Referrals to independent Licensed Therapists (\$75.00)*** – Bayside has a working relationship with a few therapists who have agreed to provide clinical counseling at a reduced fee for individuals referred by Bayside. Care Ministry can also provide you with a list of professional Christian therapists in the community, if you want to pursue counseling outside of the church setting.
- **Pastoral Counseling (no charge)** – Available to Bayside Church Members/Attendees whose presenting issue is primarily spiritual and relational in nature. It is short-term counseling.
- **Life Counseling (no charge)** – Provided by those who have completed a training program designed to help others navigate life’s spiritual and emotional struggles. *(A nominal fee is involved to cover costs.)*

***If you cannot afford the fees listed above, please see the last page listing the Client Adjusted Fee Schedule.**

It is our prayer that this journey of healing which you are undertaking will ultimately lead you to a more intimate relationship with Jesus Christ.

In His Service,

Carolyn Stewart-Locke LMFT
Director, Counseling Ministries
Bayside Counseling Office
8331 Sierra College Blvd. Suite 222
Roseville, CA 95661
(916) 746-8639

How to return your application:

- Scan and Email application to: Carolyns@baysideonline.com
- Fax to: 916-746-7239
- Drop off at: Care Ministry – 8203 Sierra College Blvd., Roseville
- Mail to: Bayside Church, PO BOX 2336, Granite Bay, CA 95746, Attention: Carolyn Stewart-Locke/Counseling Ministry

KEEP this cover sheet and return ONLY the application to follow

BAYSIDE COUNSELING APPLICATION

Have you been referred to a particular Counselor? Yes No

Name of Counselor you were referred to: _____

Who referred you? _____

This application is for: Marriage and/or Couple's counseling Individual Female Individual Male
Parent & Child Grief

NAME: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Child: _____ Date of Birth _____

Address: _____

City: _____ State _____ Zip _____

Home #: _____ Cell #: _____ Email: _____

MARITAL STATUS

Single _____ Living together for _____ years Married for _____ years Legally Separated _____

Divorced for _____ years, after _____ years of marriage. Widowed for _____ years, after _____ years of marriage

YOUR EMPLOYER: _____

Occupation: _____ Work #: _____

Spouse's Employer: _____

EMERGENCY CONTACT: Name: _____ Contact #: _____

Relationship: _____

CHURCH INFORMATION

Do you attend Bayside Church? Yes No If yes, how long approximately? _____

Attendance: Weekly _____ Monthly _____ Occasionally _____

Attend a Small group? Yes No Name of group/leader: _____

Are you attending another church? Name: _____

If yes, did you call and seek counseling from your home church first? Yes No

Please explain: _____

COUNSELING HISTORY

Have you ever consulted a counselor, psychotherapist or psychiatrist before? Yes No

<u>Name of therapist</u>	<u>Dates seen (from when to when)</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____

MEDICAL HISTORY

Name of Primary Care Physician: _____ Contact #: _____

Have you taken, or are you now taking, any prescription medications for mental health issues? Yes No

What prescriptions? _____

For how long? _____

Prescribed by whom and for what condition(s)? _____

Have you or other family members had a previous psychiatric hospitalization? Yes No

Who? _____ When? _____

For what condition? _____

Please give a *brief summary* of the specific reason you are seeking counseling at this time. Be assured this information is confidential and will be used only for the purpose of assigning you to the appropriate counselor.

APPOINTMENT UNAVAILABILITY: Please indicate (circle) if there is a day and/or time period **YOU ARE NOT ABLE TO ATTEND** counseling. Keep in mind the heaviest demand for appointments is after 4:00 pm, so requesting an evening appointment may involve a longer wait period to begin your counseling process.

Day: M T W TH F 8:00 am to noon noon to 5:00 pm 5:00 to 9:00 pm

CHOOSE ONE PAYMENT OPTION BELOW:

I AM ABLE to pay the **\$60.00** reduced fee for Clinical Counseling - **\$75.00** if referred to a Licensed Therapist.

I AM UNABLE to pay the above fee and **wish to apply for the sliding fee scale.** I understand I am **required to provide proof of income** and will bring my paystubs to my first appointment.

PRINT Name: _____

Signature: _____ **Date:** _____

Bayside Counseling Ministries
8303 Sierra College Blvd. Ste. 222
Roseville, CA 95661
916-791-1244

Client Adjusted Fee Schedule – Clients **UNABLE** to afford the full amount may pay a portion of the fee based on the **sliding scale** below.

The **FEE** will be determined by:

- Evaluating the client’s household gross monthly income and the number of people this income supports.
- Those applying for a reduced fee need to bring documentation of their monthly income to their first scheduled session. (2 pay stubs for each working spouse)
- Those without documentation will be charged the regular fee of \$60.00
- The minimum fee for Clinical Counseling is \$35.00

SLIDING SCALE

Gross monthly income (before deductions)	1 person	2 people	3 people	4 people	5 people	6+ people
Under \$3,000	\$35	\$35	\$35	\$35	\$35	\$35
\$3,000 – 4,000	\$50	\$45	\$40	\$35	\$35	\$35
\$4,000 – 5,000	\$60	\$50	\$45	\$45	\$35	\$35
\$5,000 – 6,500	\$60	\$60	\$60	\$55	\$50	\$45