

Lighthouse Counseling Network

Counseling Application Form

Personal Information (please fill out the information)

a) Name: _____

b) Date of birth: _____

c) Email & Phone number: _____ / _____

d) Church membership: _____

*Do you want your pastor to be informed about your request for counseling? Yes / No

Counseling Preferences (please circle all that apply & fill out the information)

a) Types of counseling needed: Individual Couple Family

b) Reason(s) for the counseling request:

Grief Anxiety Depression Trauma Addiction
Career/Work Relationship concerns Life transitions or decisions
Mental illness Stress Management Anger Self discovery

Other: _____

c) Personal preferences in the counselor:

Gender: No preference / Male / Female

Language: English / Other: _____

Ethnicity: No preference / Other: _____

Payment Information (please choose an option)

A) Yes, I need financial assistance (50% subsidy by the network, up to 5 sessions)

B) No, I don't need financial assistance (personal insurance coverage & copay)

* Please email this information directly to LighthouseCounselingNJ@gmail.com