



PARTNER REFERRAL FORM

Living Hope Counseling Center (LHCC) offers discounted rates to referred members/attendees of our approved partner churches and organizations. **IMPORTANT: Client must bring a hard copy of the completed form to their first appointment, send by email to admin@lhcc217.org or secure fax to (217) 698-7085 prior to their first appointment.**

For Referring Partner to Complete:

Please complete this form to refer clients who are members or attendees of your organization.

Name of Client you are referring: _____

Referring Partner Organization Name: _____

Client Referral Rate (choose one):

- Referred client is a member/regular attendee of my organization and should receive the discounted LHCC Partner Rate of \$60 per session for up to 6 sessions.
- Referred client is a member/regular attendee of my organization who meets one of the financial distress criteria below and should receive the discounted LHCC Partner Rate of \$30 per session for up to 6 sessions.
 - Those with annual income under \$25,000.
 - Those with annual income over \$25,000 facing catastrophic events without resources to obtain professional treatment.
- My organization will cover the full session fee for this specific client. I understand my organization will be billed \$60 per session for up to (please specify number) _____ sessions for this client.

I certify that I am a qualified representative of the specified partner organization. This written agreement will take effect on the date of signature and remain in effect until either party terminates the contract with 30 days written notice.

Partner Representative Signature and Title

Date

[LHCC Internal Office Use Only]

LHCC Administrative Staff Signature

Date