**Upper New York Board of Ordained Ministry Clergy and Family Counseling Assistance Application Form**

Note that this application is confidential and will only be reviewed by the BOOM officer managing this fund and one other member of The Board of Ordained Ministry Executive Committee

**The policy of the Board of Ordained Ministry is to provide counseling funds by reimbursing you for up to 50% of out of pocket expenses for up to six (6) sessions.**

Name of Clergy requesting this grant

Is the grant for you or a member of your immediate family?

Address of the clergy member

telephone e-mail address

What District is your church on?

Has your district superintendent requested that you receive counseling services?

Are you appointed Full or Part – Time

Name and address of the counseling agency and or counselor you wish to receive services from

Does this agency or counselor accept our conference health insurance?

Does your spouse have other health insurance that you could be covered under?

Please describe any financial hardship that you and your family are under?

Please be advised that The Board of Ordained Ministry can only award you a set amount of money which will probably not cover all of your counseling fees. Many counseling agencies offer a sliding fee scale based on income. The Board of Ordained Ministry encourages you to carefully explore which practitioner will best provide for your emotional and financial needs. **Please copy and enclose receipts showing co-pays or fees to document out of pocket expenses**.

Signature

Date of Request

Requests should be sent to BOOM representative:

Pam Mikel Hayes, 422 Sand Creek Rd. Unit 229

Albany, NY 12205 phone: 518-222-5081 email: [pamikelhayes@hotmail.com](mailto:pamikelhayes@hotmail.com)