

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, 264 N Grand Street, Cobleskill, NY 12043

518-823-4346 pamikelhayes@hotmail.com