



**SpringHaven**  
Counseling Center

## CHURCH PARTNERSHIP VOUCHER

VOUCHER #: \_\_\_\_\_ (SpringHaven Office use only) DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_ Phone: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email for billing invoices: \_\_\_\_\_  
(Invoices will be sent via Square and can be paid through Square or check in the mail)

We request payment for services to be divided accordingly:

\$ \_\_\_\_\_ Church Portion + \$ \_\_\_\_\_ Client Portion = \$85.00 (Total fee per session)

We agree to authorize \_\_\_\_\_ sessions at this time, recognizing that short term therapy usually consists of a minimum of 6-12 sessions.

(Check one):

Yes, we will be willing to consider authorization of additional sessions following the contact of the authorized church contact. Phone: \_\_\_\_\_.

No, we do not wish to authorize additional sessions.

---

Authorized Church Contact Signature

---

SpringHaven Billing Coordinator Signature

Renewal information: (SpringHaven Office use only) By completing the following information, you are confirming you've had a verbal or emailed confirmation from the authorized church contact for renewal of this church partnership agreement.

Date: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Church Portion: \_\_\_\_\_ Client Portion: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Church Portion: \_\_\_\_\_ Client Portion: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Church Portion: \_\_\_\_\_ Client Portion: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Church Portion: \_\_\_\_\_ Client Portion: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Date: \_\_\_\_\_ Number of sessions: \_\_\_\_\_ Church Portion: \_\_\_\_\_ Client Portion: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Please Fax or mail form to SpringHaven.  
Fax # 330.597.9010 Mailing address: P.O. Box 265 Mt. Eaton, OH 44659