



Application for Counseling Services

Version: 08/17/2022

The information in this section is to be completed by RHR.

Check one: APPROVED DENIED

Counselor Assigned to: [Click here to enter text.](#)

SECTION I: Client Information

Name: _____

Phone Number: _____

Email Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

COUNTY (circle one): Denton Tarrant Dallas Other: _____

Date of Birth: _____ Race: _____

Gender (circle one): Male Female Transgender Other: _____

SECTION II: Legal Guardians/Conservators Information

Fill out this section, if it applies to you with both legal guardians'/conservators' information listed

Check one: Legal Guardians Conservators

Name(s): _____

Date of Birth(s): _____

Phone Number(s): _____

Email Address(es): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____



Emergency Contact:

Name: [Click here to enter text.](#)

Relationship to Client: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

SECTION III: Counseling Preferences & Background Information

1. Are you wanting to see a specific counselor? If yes, name of counselor: [Click here to enter text.](#)

2. Do you prefer a male or female counselor?

Check one: MALE FEMALE NO PRFERENCE

3. Trauma History, possible trauma experience throughout the lifetime.

Check Yes or No	Yes	No
Have ever experienced being hit/slapped/kicked/punched/shoved or chocked?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever experienced neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever been touched inappropriately?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever been forced to have sex?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever experienced sexual assault or harassment?		
Have ever witnessed a parent/legal guardian or family member being hit/slapped/kicked/punched/shoved or chocked?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever witnessed or experienced domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever experienced being stalked or bullied?	<input type="checkbox"/>	<input type="checkbox"/>
Have been a victim of a car accident or hit and run?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever witnessed a robbery or been robbed?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever witnessed or experienced someone breaking into a home/car/business?	<input type="checkbox"/>	<input type="checkbox"/>
Have been a victim of hate crime (race, religion, sexual orientation)?	<input type="checkbox"/>	<input type="checkbox"/>
Have been a victim of human trafficking (labor or sex)?	<input type="checkbox"/>	<input type="checkbox"/>
Have been a victim of identity theft or fraud?	<input type="checkbox"/>	<input type="checkbox"/>
Have experienced terrorism (domestic or internationally)?	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons for counseling:



4. Have you been in counseling? Check one: YES NO
- a. If yes, provide the approximate number of months in previous counseling program: _____
- b. Name of counselor: _____
5. If your answer to number 4 is yes, was the counseling received due to a trauma that resulted in an investigation that remains open?
Check one: YES NO
6. Also, if applicable, has the event been reported to proper authorities within the last 3 years?
Check one: YES NO
7. How did you find out about us?
Referred By: _____

SECTION IV: Scheduling Preferences

Appointment time options: CHECK ALL THE PREFERRED TIMES FOR AN APPOINTMENT*

- Monday between 8AM and NOON
- Monday between NOON AND 5PM
- Monday after 5PM

- Tuesday between 8AM and NOON
- Tuesday between NOON AND 5PM
- Tuesday after 5PM

- Wednesday between 8AM and NOON
- Wednesday between NOON AND 5PM
- Wednesday after 5PM

- Thursday between 8AM and NOON
- Thursday between NOON AND 5PM
- Thursday after 5PM

- Friday between 8AM and NOON
- Friday between NOON AND 5PM
- Friday after 5PM

- Saturday between 8AM and NOON
- Saturday between NOON AND 5PM
- Saturday after 5PM

***Appointment times may vary on assigned therapist.**



SECTION V: Insurance Information

THE APPLICATION **MUST INCLUDE AN IMAGE OF THE FRONT AND BACK OF YOUR INSURANCE CARD.**

FOR CLIENTS USING MEDICAID, THE APPLICATION **MUST INCLUDE AN IMAGE OF THE FRONT AND BACK OF YOUR MEDICAID CARD AND YOUR MEDICAID PROVIDER CARD**

Insurance Provider, as it appears on the insurance card: _____

Name of Card Holder, as it appears on the insurance Card: _____

DOB of Insurance Card Holder: _____

Relationship to Card Holder to Client: _____

Physical Address of Insurance Card Holder (street, city, state, postal code):

Insurance Card Holder Employer: _____

Insurance ID #: _____

Group/Account Number: _____

Insurance Phone Number (May say "MH/SA Benefits, "Eligibility and Benefits,"

"For Pre-Authorization," Customer Service"): _____

SECTION VI: Financial Information

All potential clients are required to COMPLETE and SIGN SELF-CERTIFICATION INCOME FORM below to be considered for services.

Proof of income will be asked of, if necessary, which may include a copy of a paycheck, 1099 or W-2

SELF-CERTIFICATION INCOME FORM

Total number of people in home: _____

Number of adults in home: _____

Number of children in home: _____

DIRECTIONS: Circle Your Family Size and Income Level in the table below.

- Check here if your annual household income exceeds the amounts listed below
- Check here if you still want to be considered for financial assistance, please explain your request: _____

Qualifying Income Limits for Ranch Hand Rescue Programs				
Maximum Income Levels				
NOTE: THIS IS TOTAL FAMILY INCOME.				
Family Size	Moderate Income 80%-65% AMI	Low Income 65%-50% AMI	Very Low Income 50%-30% AMI	Extremely Low Income ≤30% AMI
1	\$49850 - \$37381	\$37380 - \$31151	\$31150 - \$18701	\$18700 - or below
2	\$57000 - \$42721	\$42720 - \$35601	\$35600 - \$21401	\$21400 - or below
3	\$64100 - \$48061	\$48060 - \$40051	\$40050 - \$24051	\$24050 - or below
4	\$71200 - \$53401	\$53400 - \$44501	\$44500 - \$26701	\$26700 - or below
5	\$76900 - \$57721	\$57720 - \$48101	\$48100 - \$28851	\$28850 - or below
6	\$82600 - \$61981	\$61980 - \$51651	\$51650 - \$31001	\$31000 - or below
7	\$88300 - \$66241	\$66240 - \$55201	\$55200 - \$33151	\$33150 - or below
8	\$94000 - \$70401	\$70400 - \$58751	\$58750 - \$35251	\$35250 - or below

Source: U.S. Department of Housing and Urban development - Effective: 06/01/2021

CERTIFICATION: I certify that my family size and annual income level selected above is correct and accurate to the best of my knowledge. I am aware that I may be asked to provide additional documentation to confirm my selections.

PRINT NAME

SIGNATURE