



FINANCIAL COUNSELING FORM

YOUR NAME _____ Date of Birth _____

SPOUSE _____ Date of Birth _____

YOUR SSN _____ SPOUSE'S SSN _____

PHONE #'s (Home) _____ (Business) _____

HOME ADDRESS _____ City _____ State _____ Zip _____

JOB TITLE _____ Name of Supervisor _____

MARITAL STATUS: Widowed Separated Divorced Married Single

Circle number of times married: 0 1 2 3 4 5 or more

FINANCIAL INFORMATION:

Do you have a job?	Yes	No
Do you have a will?	Yes	No
Do you have any debt?	Yes	No
Do you have a budget?	Yes	No
Have you ever declared bankruptcy?	Yes	No

RELIGIOUS INFORMATION:

What is your religious background? _____

How often do you attend church? Weekly Monthly Seldom Never

WHAT DO YOU HOPE THAT WE WILL BE ABLE TO DO FOR YOU? _____

DISCLAIMER and RELEASE OF LIABILITY

I understand that I am under no obligation to implement or accept any of the counsel I receive.

I agree to hold Rev. Peter J. DeGraaf, Shepherd's Staff Ministries, Inc. and those they work with free from any and all liability, loss or damage of any kind which may arise as a result of the counseling I receive. It is my understanding that the information provided will remain confidential; however, I also understand that in the course of providing me with the best possible service it may become necessary for them to seek other counsel or verify through other sources the information given them. For this, I grant them permission.

I voluntarily sign this disclaimer and release of liability having read and understood what it means.

Your Signature

Date

Spouse's Signature

Date