

The Teal Lotus Project Therapy Program

Thank you for your inquiry and interest in more information about the TLP Therapy Program. Funding for this program was received through private donations.

If accepted, six therapy sessions will be provided by The Teal Lotus Project and counselors will be selected for you based on your personal background and location.



Once applied, one of three things will follow suit. First, you could be accepted. Second, you could be put on a waiting list (waiting for funds). Or third, you could be denied.

If accepted, you or your therapist will receive a letter of acceptance and a verification code will be provided that must be presented to your selected counselor for purposes of reimbursement from TLP. If you do not present your verification code, your counselor has the right to charge you for this visit. Don't forget your code! Counselors may be given your name prior to your appointment, but it will be up to you to schedule the date of your initial therapy session. Your first session must take place within 30 days of receiving your acceptance letter/verification code or it will become obsolete. The Teal Lotus Project is not responsible for any charges for late, skipped or cancelled appointments.

If you are put on the waiting list, Tasia will contact you once funds become available for you to attend counseling.

If you are denied, possible reasons could be that criteria doesn't fit the demographic of the program or financial assistance doesn't seem applicable to the particular applicant at this time.

TLP has the right to refuse service or terminate sessions if they deem fit; such as, once in therapy subject material discussed is not of the nature of The Teal Lotus Project. Clients seeking help through The Teal Lotus Project Therapy Program must meet the criteria of the program; survivor of child sexual abuse and/or sexual assault at any age and being financially bound by any circumstance (*low-income, one income, single parent, layoff, etc.*).

Information provided by the client in this form will not be distributed or publicized, unless noted for counselor use.

If you, the potential client, agrees to the terms of agreement please sign and date.

Print name: _____ Date: _____

Signature: _____

(If the applicant is a minor, parental or guardian signature is required)

Parent or Guardian name: _____

Signature: _____ Date: _____

The Teal Lotus Project Therapy Program Form

Name: _____ Date: _____

[Gender] Male: ____ Female: ____ DOB: _____ Age: _____

[Marital Status] Not Married: __ Married: __ Separated: __ Widowed: __ Divorced __

Experience with counseling:

No Previous experience: _____

Prior Counseling (give provider's name) and approx. date of service:

Occupation: _____

Number of People in Household: _____

What is your Yearly Net Household Income (If minor, Parent(s) income)?:

Briefly, What are the reasons you're seeking counseling?:

Address: _____

Phone: _____

Best time to call: Morning: _____ Afternoon: _____ Evening: _____

May I leave a message: Yes ____ No ____

(Tasia, Director of The Teal Lotus Project, may call for brief questioning.)

Please mail form to:

The Teal Lotus Project
PO Box 52
Cozad, NE 69130



www.TheTealLotusProject.com

This form is used for The Teal Lotus Project Therapy Program services. Counselors may or may not request for you, the client, to fill out a separate form for their services.