



EPHESIANS LIFE MINISTRIES

Christ-Centered Counseling and Support Groups
301-439-7191

in God –
ed to your healing

Main Office
1620 Elton Road, Suite 204
Silver Spring, MD 20903

Counseling Offices
Bethesda, Clarksburg, Gaithersburg, Oxon Hill, Rockville, MD
Vienna, VA & Washington, DC

FINANCIAL STATEMENT

As a nonprofit organization, Ephesians Life Ministries is audited annually. If we waive any part of the full fee, we are required to prove financial necessity. Please provide financial information below and attach a copy of your most recent IRS 1040, or payroll stub to substantiate your financial status. Thank you for your cooperation.

CLIENT NAME: _____

PARENT/GUARDIAN'S NAME IF CLIENT IS A MINOR _____

Client (or responsible individual) annual income \$ _____

Spouse annual income \$ _____

Other income \$ _____

Total household income \$ _____

Additional financial information to be considered in determining your fee:

Attach a copy of the substantiating document	
_____	Paycheck stub
_____	IRS 1040
_____	Other _____
	(specify)

I hereby swear or affirm under the penalties of perjury that the above is true and correct. I agree to pay a fee of _____ per session, which is based on the information above.

Client's or Legal Representative's Signature

Date

Clinician's signature

Date