

Live At Peace Ministries

CLIENT REGISTRATION FORM

This information is for internal use and is intended to establish a complete and confidential portfolio. Please answer every question. **Each adult individual receiving services must complete a separate Client Registration Form.** This data will be entered into an electronic database and client may be contacted by email, phone or mail.

Please complete this form electronically (or print clearly) and provide to your LAPM service provider via email, fax, or in person. If you have any questions or concerns, please feel free to discuss them with the LAPM staff member serving you, or call 314-479-9028.

Personal Information

Your Name: _____ Date of Birth: _____ Gender: Male Female
Preferred email address to contact you: _____
Street Address: _____ City/State/Zip: _____
Phone (cell): _____ Phone (home): _____ Phone (work): _____
Current marital status: Single Dating/Engaged Married Separated Divorced Widowed
Occupation: _____ Employer: _____
Church Name: _____ Pastor's Name: _____
Church's Street Address: _____ Church's City/State/Zip: _____
Membership status in the church: Member Regular Attender Casual Attender Leader/Officer
Name of nearest relative not living with you: _____ Relative's Phone: _____
Referred by: Pastor/Church LAPM Client (past or current) LAPM Website
 Peacemaker Ministries' Website FamilyLife Ministries Website
 Other (please describe) _____
Name and relationship of others who will also be receiving services from LAPM: _____

Payment Information (please check ALL boxes that apply)

I acknowledge that:

1. I am responsible for the full payment of all fees, and that payment (cash, check or charge) is expected on or before the time services are rendered.
2. I further understand that LAPM does not file any claims for insurance reimbursement. However, following my paid session, LAPM will, upon request, email me a receipt to use for applying for out-of-network reimbursement from my insurance company.
 Yes, please send me a receipt after each paid session.
3. I further understand that any alternative payment options (checked below) do not go into effect until ALL additional forms are received by LAPM.
 I am receiving **financial assistance** from my church (or another 3rd party) and have attached a completed "**3rd Party Guarantee of Payment Form**"
 I am applying for a **scholarship** and have attached a completed "**Scholarship Application**"
 I am requesting a **payment plan** and have attached a signed "**Promissory Note**"

Signature (electronic signatures are considered as valid as original signatures)

Signature (type your full name for electronic signature): _____

Date: _____

www.LiveAtPeace.org
Telephone: (314) 479-9028
Fax: (866) 387-2869
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Mailing Address:
11469 Olive Blvd., Suite 217
St. Louis, MO 63141