



Dear Client,

You have requested consideration for a Scholarship to help cover the cost of services received through Live at Peace Ministries ("LAPM").

We welcome your request and will strive to evaluate your application and report the information to your service provider within five (5) business days of having received a completed application. Your service provider will inform you of our decision.

***Our Scholarship Policy is as follows:***

1. You must pay the full cost of services until your scholarship application is approved.
2. We require you to determine whether or not you have out-of-network mental health coverage that applies to the services you are receiving at LAPM. We do not offer scholarship assistance when out-of-network mental health coverage exists.
3. If you wish to be considered for a Scholarship before any services are rendered at the full cost, you must submit a completed application to your service provider, along with all required documents, and wait for notification of the amount of your Scholarship prior to attending your first session.
4. A completed application includes:
  - a. A fully completed Scholarship Application (attached). All questions must be completed and the Scholarship Application will not be considered if any question is left blank.
  - b. A copy of your most recent tax return.
5. Most scholarships are granted for a total of 20 hours of service. Your service provider may request a renewal of the scholarship on your behalf for a maximum of 20 additional hours of service. If approved for a scholarship renewal, your service provider will notify you of the additional service hours provided to you under the Scholarship Policy.
6. Once your Scholarship has been granted, you must pay your service provider your portion of the total fees that are NOT covered by the Scholarship each time you receive services.
7. You must agree to attend church on a regular basis (three out of four Sundays a month).
8. You must agree to notify your service provider if your financial situation changes (e.g. you receive a new position or salary increase) so that your Scholarship can be recomputed.

Please contact me, or your service provider, if you have any questions.

Sincerely,

Kyrstan Langer  
Operations Manager  
klanger@liveatpeace.org  
(314) 479-9028

# Live at Peace Ministries

## Scholarship Application

To avoid unnecessary delays, **please print clearly** and provide **all** requested information to your service provider via scan/email, or fax to (866) 387-2869. We require up to 5 business days to verify and process all applications.

Please address questions or concerns to Kyrstan Langer, Operations Manager (314-479-9028), or to the staff member serving you.

### Client Information

Client Name(s): \_\_\_\_\_ Service Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ May we notify you via email about your request?  Yes  No

**If e-mail address is not provided, all notifications for Scholarship awards will be communicated to you via telephone.**

### Mental Health Insurance Questionnaire

If you have out-of-network insurance benefits, we require that they be utilized before any Scholarships can be awarded. Please be aware of the following:

1. You must pay for services at the time of your session(s).
2. LAPM does not process insurance claims.
3. A receipt is provided via email to you to use to request reimbursement from your insurance company. Please remind your service provider to communicate your need for a receipt to the Operations Manager.

**Please answer the following:**

1. **Do I have mental health benefits for any of the following types of counseling?**

Individual:  Yes  No      Family:  Yes  No      Marital:  Yes  No

**If 'yes' to any:** Proceed to Question 2

**If 'no' to all:** Please contact LAPM to explore other options

2. **Do I have coverage for "Out-of-Network" mental health providers?**  Yes  No

**If 'yes':**

Proceed to Question 3

**If 'no':**

Please contact LAPM to explore other options

3. **Does my insurance allow me to see:**

A Licensed Professional Counselor (LPC)?  Yes  No

A Provisionally Licensed Professional Counselor (PLPC)?  Yes  No

Any faith-based counselor (e.g., pastoral) regardless of credentials?  Yes  No

## Live at Peace Ministries

4. How many visits am I allowed under the Out-of-Network Provider Plan?
5. Does my insurance cover extended sessions lasting 2-3 hours?  Yes  No  
*If 'yes':* Do I need a pre-certification code?  Yes  No Code:
6. Does my insurance provide coverage for intensive outpatient treatment?  Yes  No  
*If 'yes':* How does your insurance company describe intensive outpatient treatment? [number of hours per day] at [days per week] for [number of weeks]  
*If 'yes':* Do I need a pre-certification code?  Yes  No Code:
7. Questions/comments that I have for my service provider pertaining to insurance or other options available to me:

### Financial Information

***ALL questions must be fully answered.***

1. Scholarship Funds are made available through the generous gifts of donors. To be careful stewards of these financial gifts, we ask that you contact your family, friends, and church to seek their assistance with the cost of counseling. If funds are forthcoming, please ask the individual/organization agreeing to assist you to complete the Third-Party Guarantee of Payment Form (attached to this Scholarship Application).

Please note below any financial gifts provided to you through these avenues:

- a. Family or friends:  
 b. Your church:

2. **HOW MUCH DO YOU BELIEVE THAT YOU ARE ABLE TO PAY FOR EACH HOUR OF SERVICES? \$**  
**(Question 2 may not be left blank.)**

3. **DEPENDENT INFORMATION - Provide the following information on all family members**

Name	Relationship	Age	Grade/School

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**4. INCOME** – Provide the following for yourself and any family members earning income

Name of Family Member	Employer/Source of Income	Gross Income	Annual

**5. ASSETS AND LIABILITIES** – Provide the following for yourself and any family members earning income

Description of Assets and Liabilities	Current Fair Market Value	Current Amount Owed
Cash (on hand)		
Cash (in banks or credit union)		
Stocks		
Bonds		
Real estate:		
Personal home		
Other:		
Other:		
Automobiles:		
Description:		
Description:		
Description:		
Retirement Plans:		
Description:		
Description:		
Other:		
Description:		
Description:		

## Live at Peace Ministries

6. Are there any other special circumstances we should consider in computing your scholarship application?

### Financial and Other Expectations

Check each box to indicate that you have read with instruction and agree to comply. All boxes must be checked.

- (initials) I have attached a copy of my most recent tax return.
- (initials) I will contact my service provider immediately to notify them of any changes in my financial status or insurance coverage.
- (initials) I agree to attend a weekly worship service while receiving a Scholarship from LAPM.
- (initials) Until a scholarship grant is determined, I understand that I am responsible for the full fee for any services and agree to pay for services at the time they are received.
- (initials) I agree not to discuss with anyone the amount of the scholarship that is awarded to me by LAPM.

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

I have read the above information, and have had the opportunity to discuss it with the Operations Manager or my service provider. I understand that LAPM will process my application and notify me of any Scholarship within 5 business days from the date this completed application is received.

Signature (type your full name for electronic signature):

Date:

# Live at Peace Ministries

## Third-Party Guarantee of Payment

*It is the responsibility of the client to ensure that this form is completed and returned to Live at Peace Ministries five (5) business days prior to the first applicable session.*

### Financial Terms

*(Name of organization or person guaranteeing payment) agrees to pay Live at Peace Ministries ("LAPM") the cost of services provided to (Name of individual (s) receiving services) for hours (number of approved hours) in the amount of \$ /hour for a total amount not to exceed \$.*

### Invoicing

*Please complete the information below to assist LAPM in sending invoices in a timely manner. Invoices are sent electronically via e-mail unless Guarantor indicates that they be sent to the physical address below (initial here for paper invoices: ).*

*Organization:* "ATTENTION" (name of individual):

*E-mail Address:* Telephone Number:

*Street Address:* City/State/Zip:

*Note:*

### Payment Process

Payments may be made by check (preferred method) or credit card using LAPM's PayPal system.

1. Checks: All checks must be made payable to the "LAPM" and must be delivered or mailed to: LAPM, 11469 Olive Blvd., Suite 217, St. Louis, MO 63141.
2. Credit Card: If you wish to pay by credit card, please select "PayPal Options" on our website ([www.liveatpeace.org](http://www.liveatpeace.org)), and then access the "Pay Now" button. **Please pay the amount on the estimate for credit card payments (includes a 3% service charge).**

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

## **Live at Peace Ministries**

*If additional sessions are deemed necessary by the client and the LAPM service provider, LAPM will contact the guarantor in advance for approval. If further sessions are approved by the guarantor, a new "Third-Party Guarantee of Payment" form will be secured.*

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

***Date:***