

Complete and return to:
The Virginia Institute of Pastoral Care
2000 Bremo Road, Suite 105
Richmond, VA 23226
Ph: 804-282-8332

APPLICATION FOR MINISTERIAL FAMILY COUNSELING PROGRAM
THE VIRGINIA ANNUAL CONFERENCE, THE UNITED METHODIST CHURCH

Date _____ Counselor/Therapist _____

Name _____ Home Telephone _____

Address _____ Church Telephone _____

City _____ State _____ Postal Code _____

What office record lists your membership in the Virginia Annual Conference of
The United Methodist Church? _____

Place of Employment _____

Sex: M F Marital Status: S M WIDOW SEP DIVORCE

Age: _____ Place of Birth: _____

FAMILY GROUP

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by: _____

I counseling being required by the Board of Ordained Ministry? Yes No

Family Physician: _____

Health Insurance Program: _____

Prior Therapeutic or Counseling Contacts:

Dates	Therapist/Agency	Contact Person
_____	_____	_____
_____	_____	_____

Fee (Calculated by VIPCare: _____)