

Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following client groups:

Children (under 13 years)	Percentage	
Youth (13 to 18 years)	Percentage	TOTAL should equal 100%
Adult (18 to 65 years)	Percentage	
Seniors (over 65)	Percentage	

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following services:

Bereavement//Grief Image Percentage Career Counseling Percentage Credit Counseling Percentage Emotional/Psychological Percentage Family Issues Percentage Financial Planning Percentage Marital/Couples Percentage Medical/Health Concerns Percentage Vorkplace Issues Percentage Other Describe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes I' Yes, please describe the process/procedures followed Martine and Title Signature of Applicant or Authorized Representative Percentage DATE: D * Martin * Marti	Addiction/Substance Use	LII Percentage			
Percentage Credit Counseling Percentage Emotional/Psychological Percentage Family Issues Percentage Financial Planning Percentage Maital/Couples Percentage Medical/Health Concerns Percentage Workplace Issues Other Describe Percentage Other clipschibe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No If Yes, please describe the process/procedures followed First Name and Title Signature of Applicant or Authorized Representative	Bereavement/Grief	Percentage			
Emotional/Psychological Emotional/Psychological Family Issues Parcentage Family Issues Parcentage Financial Planning Percentage Maital/Couples Percentage Medical/Health Concerns Percentage Medical/Health Concerns Percentage Morkplace Issues Percentage Vorkplace Issues Percentage Other Describe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No	Career Counseling	Percentage			
Family Issues Percentage Financial Planning Percentage Marital/Couples Percentage Medical/Health Concems Percentage Medical/Health Concems Percentage Physical/Sexual Abuse Percentage Workplace Issues Percentage Other Percentage Other Percentage Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes If Yes, please describe the process/procedures followed	Credit Counseling	Percentage			
Percentage TOTAL should equal 100% Financial Planning Financial Planning Marital/Couples Marital/Couples Medical/Health Concerns Percentage Medical/Health Concerns Physical/Sexual Abuse Physical/Sexual Abuse Physical/Sexual Abuse Percentage Other Describe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes: No If Yes: Percentage Signature of Applicant or Authorized Reprsentative	Emotional/Psychological	Percentage	TOTAL should equal 100%		
Financial Planning Percentage Marital/Couples Percentage Medical/Health Concems Percentage Physical/Sexual Abuse Percentage Workplace Issues Percentage Other Percentage Other Percentage Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes If Yes, please describe the process/procedures followed	Family Issues	Percentage			
Percentage Medical/Health Concerns Physical/Sexual Abuse Physical/Sexual Abuse Vorkplace Issues Uter Describe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No If Yes, please describe the process/procedures followed If Yes, please describe the process/procedures followed Signature of Applicant or Authorized Representative	Financial Planning	Percentage			
Percentage Physical/Sexual Abuse Physical/Sexual Abuse Percentage Workplace Issues Percentage Other Percentage Other Percentage Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No Percentage No Percentage Signature of Applicant or Authorized Representative	Marital/Couples	Percentage			
Percentage Workplace Issues Uther Describe Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No If Yes, please describe the process/procedures followed Image Print Name and Title Signature of Applicant or Authorized Representative	Medical/Health Concerns	Percentage			
Percentage OtherPercentage Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No	Physical/Sexual Abuse	Percentage			
Describe Percentage Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Ves No If Yes, please describe the process/procedures followed Print Name and Title Signature of Applicant or Authorized Representative	Workplace Issues	Percentage			
If Yes, please describe the process/procedures followed	Other L I I I I I I I I I I I I I I I I I I	Percentage			
Print Name and Title Signature of Applicant or Authorized Representative	Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? 🗌 Yes 🗌 No				
Image: Signature of Applicant or Authorized Representative	If Yes, please describe the process/procedures followed				
Signature of Applicant or Authorized Reprsentative					
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	Signature of Applicant or Authorized Reprsentative				

PERSONAL COUNSELLORS, SOCIAL WORKERS & THEOLOGISTS SUPPLEMENT