



## Application for Free or Discounted Services

### Applicant Information

Name

Street Address

City, State, Zip

Cell Phone

Email Address

Do you have health insurance? Y / N

Name of Carrier:

Which of the following issues, if any, are you experiencing?

- Anxiety       Depression       Chronic Migraines       OCD, ADD, ADHD
- Emotional Health       Digestive Issues       Other: \_\_\_\_\_

Desired Services: Please select which services you feel would benefit you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Life Coaching</b>                                   | <input type="checkbox"/> <b>Nutrition Coaching</b>                                     | <input type="checkbox"/> <b>Grief and Loss Support</b>   |
| <input type="checkbox"/> <b>Spiritual Coaching</b>                              | <input type="checkbox"/> <b>Talk Therapy</b>   | <input type="checkbox"/> <b>OCD, ADD, ADHD Help</b>  |
| <input type="checkbox"/> <b>Biofeedback</b><br><small>for Stress Relief</small> | <input type="checkbox"/> <b>Biomat®</b><br><small>stress relief and relaxation</small> | <input type="checkbox"/> <b>Yoga</b><br><small>stress relief &amp; flexibility</small>   |
| <input type="checkbox"/> <b>Reiki Energy Healing</b>                            | <input type="checkbox"/> <b>Stress Management</b>                                      | <input type="checkbox"/> <b>EMDR</b><br><small>(Eye Movement Desensitization &amp; Reprocessing)<br/>for Anxiety, Excessive Worry, PTSD, ADHD, Past Trauma, Emotional Abuse, Fears, Obstacles, Addictions, and more.</small> |
| <input type="checkbox"/> <b>Massage for Stress Relief</b>                       |  |  |

Empowering U Center services range from \$60 to \$125 per hour. Please check off the amount that you are able to pay per session:

- \$20       \$40       \$50       \$0

### Brief Description of Your Services Request

Please briefly explain your need for personal services and any financial challenges that pertain to your request for free or discounted services. If you are not certain which service will be best, we will be glad to offer recommendations after reviewing application.

## Benefits of Services

Briefly explain what you hope to gain from the services:

## Agreement and Signature

Pillars of Light and Love is a 501 (c)3 Non-Profit who has dedicated an amount of funds to be used for services at the Empowering U Center in Trappe, PA. Funds are available for those facing financial hardship, as well as those with serious illness or disability, caregivers of those with special needs, disabled veterans, and others, as may be determined by our board of directors. All service providers are certified in their respective field, and are insured, if applicable. We are not a medical establishment, nor do we diagnose or treat diseases. If you have a serious physical or mental condition, you should speak with your physician. You should also consult your physician prior to receiving any of our services.

It is the policy of this organization to provide equal opportunities without regard to Race, Color, Religion, National Origin, Gender, Sexual Preference, Age, or Disability.

By submitting this application, I affirm that the facts set forth above are true and complete. I understand that if I am to be accepted for services, any false statements, omissions, or other misrepresentations made by me on this application may result in service cancellation and repayment in full for services received.

**Name (Printed):**

**Signature:**

**Date:**

Please provide any additional information you would like us to know:

Please save this application to your computer and then submit it to us using the email address below. You may also print and mail it using the address listed on the bottom of this page, or feel free to drop it off at the Empowering U Center. Thank you for your interest in Pillars of Light and Love. We will be in touch with you regarding your application shortly!

**Pillars of Light and Love**  
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