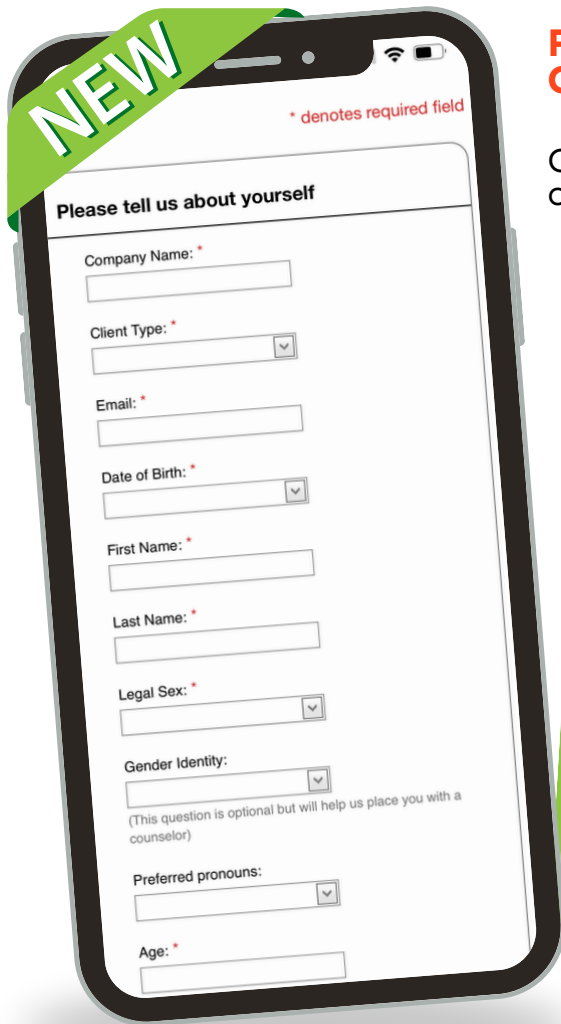


Online Request for Counseling

Request non-emergent counseling services 24/7



NEW

* denotes required field

Please tell us about yourself

Company Name: *

Client Type: *

Email: *

Date of Birth: *

First Name: *

Last Name: *

Legal Sex: *

Gender Identity: *

(This question is optional but will help us place you with a counselor)

Preferred pronouns: *

Age: *

**FOR CRISIS SUPPORT
CALL 1-800-969-6162 OR CALL 911**

Once Submitted, our Intake team will contact you within 1 business day.


KEY FEATURES

- ✓ QUICK
- ✓ CONVENIENT
- ✓ CONFIDENTIAL
- ✓ AVAILABLE 24/7
- ✗ NOT FOR CRISIS SUPPORT



[Click Here](#) or Scan the QR

Also Available on the Work-Life Website

Log in and request services by clicking  **Request Counseling** located on the landing page.