

FORM INSTRUCTIONS

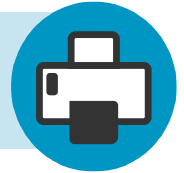
Electronic Form



IMPORTANT TIP: In order to save your filled out form, you must first download it and fill it out in Adobe Reader.

1. **Download** the PDF
(button at the top of the screen)
2. **Open** the download in Adobe Reader
3. **Fill out** the form
4. **Save**
5. **Email** the saved PDF to
hope4yourheart@gmail.com

Paper Form



1. **Print** the PDF
(button at the top of the screen)
2. **Fill out** the form
3. **Mail your form** to
HOPE Ministries
PO Box 103
Partridge, Kansas 67566





Greetings!

You are receiving this letter because you have expressed interest in encouragement/mentoring sessions with HOPE Ministries. Please review the information below and if you are still interested in continuing the process, please fill out and submit the application.

Because of the intensity of the sessions spent at HOPE Ministries, we do have several things we would like to have people commit themselves to for this time. **If an individual is under age 18, we request that the parents come through before we see the child.**

- 1. This time will require a commitment of five 3-hour sessions in one week.** We ask that people give a minimum of two week days and an evening or part of another day to complete these sessions.
- 2. We ask that no children be present with you during the sessions.**
- 3. We encourage those who come to make it a time of retreat. We ask individuals (including locals) to take 2-3 days off work/normal responsibilities and spend the time away from home to allow time for processing and rest as needed.** Individuals can stay in motels or have the secretary book local accommodations at a discounted rate. Our on-site Hospitality Cottage can be used on a donation basis if it is not already booked with a client. The secretary will inform you of available options.
- 4. Once we have received your application, we will send you a packet of paperwork to fill out and return to us.**
- 5. When we have received your completed paperwork, the next step will be to take a Taylor Johnson Assessment. This will be taken on yourself and on your spouse (if applicable). A single person will be asked to take it on themselves and on their parents as well as finding someone who knows them well to take it on them. We ask that you complete this test within two weeks of receiving it.**
- 6. We know our waiting list may seem quite lengthy. During this waiting time, we ask that people either watch five DVD teachings of John Regier from the “Caring For The Emotionally Damaged Heart” series or attend a recommended seminar.** DVD's can be watched here at HOPE Ministries. This is the preferred method because of the accompanying resources we have available as well as the way the DVD series focuses on specific issues.
- 7. Those who return the required paper work, complete the Taylor Johnson assessment, and watch the DVD's/seminar requirement will be the people we consider first in scheduling and for the cancellation list.** Normally we book 2-3 months in advance.
- 8. When the above requirements are completed, we will mail you a second packet of paperwork to fill out and bring along when you come for your sessions.**

Though the above may sound like a lot to consider, we believe that these steps will help prepare you for the upcoming time spent together. **Please keep this page for your own reference and send the second page back to us.**

Sincerely,



Helping Overcome with Purpose and Encouragement

APPLICATION FORM 0221

COUNSELING APPLICATION FORM

(Please return this page to HOPE Ministries and keep the letter for your reference)

Name (please print) _____ Date of Birth _____

Spouse's Name (if applicable) _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Phone _____

What is the best way to contact you? Phone Email Mail

Check all that apply: In School Single Dating Married Divorced Separated

Years Married _____ If married, will you both attend? Yes No

If it's not your first marriage, please explain: _____

I/we desire to come for the following reasons: (check any that apply)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Personal/Marriage Enrichment | <input type="checkbox"/> Depression | <input type="checkbox"/> Premarital | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Leaving Home Soon | <input type="checkbox"/> Moral Failure | <input type="checkbox"/> Anger Issues | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Dating | <input type="checkbox"/> Bitterness Issues | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Other |

If other, please explain briefly _____

Please mark if either of the following apply to you:

- I am/we are unsure as to whether or not I/we want to do the intensive sessions and would appreciate a single session to go over my Taylor Johnson results to help make that decision.
- If the waiting period is more than three months, I am/we are interested in having a single session soon to go over the Taylor Johnson Assessment to gain insight for the time being.

Briefly explain your exposure to the *Caring For The Heart* teaching and/or your exposure to HOPE Ministries.

Please sign your name(s) to show that you are aware of the following HOPE Ministries' prerequisites:

- **The counseling time itself will be five 3-hour sessions within a week's time.** I will need to take a minimum of two full days and part of a third to do this.
- **No family members other than my spouse will come with me without prior arrangement.**
- **I agree to spend at least one of the nights in a motel, AirBnB, HOPE Cottage, or similar accommodation as arranged with the HOPE secretary.**
- I understand I will receive two packets of paper work to fill out prior to our meeting time.
- **I agree to complete a Taylor Johnson Assessment within two weeks of receiving it.**
- **I am asked to watch specified DVD's** or attend a recommended seminar prior to my session times.
- When I complete the Taylor Johnson, the paper work, and DVD/Seminar requirements, I will go on the scheduling list. This may also mean that I could be contacted for a cancellation spot.
- **HOPE Ministries does not charge for counseling but depends on the contributions of people.**
I will consider what God would have me donate, whether a one-time gift or a gift given on a monthly basis.

SIGNATURE(S) _____ DATE _____

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