

CHILD INTAKE FORM

1. CALL FOR AN APPOINTMENT
Counseling Office: 770-502-8050

2. PRINT OUT THESE INTAKES
If you do not have a printer, simply call us and we will mail them to you.

3. COMPLETE AND SIGN INTAKES
Fill out these forms completely.

4. BRING THESE INTAKES WITH YOU
Bring these completed forms with you on the day of your first appointment.



If you need assistance in completing this form or have questions about it, please contact our receptionist.
receptionist@cftministry.org
770-502-8050

----- Part 1 - To be completed by the parent or guardian. -----

CLIENT INFORMATION

Today's Date: ___ / ___ / ___ Referred By _____

Child's name: _____

Date of Birth: ___ / ___ / ___ Age: _____

Grade Level: _____

Does the child attend church? Yes No

Church Name _____

Pastor's Name _____

Religious Background _____

Child's custodian/guardian(s) is/are: _____

Child's Address: _____

City: _____ State: ___ Zip: _____

Phone (Home) _____ (Work) _____

Phone (Cell) _____ Carrier: _____

E-mail: _____

FATHER'S INFORMATION

Father's Name: _____ Age: _____

Father's Address: _____

City: _____ State: ___ Zip: _____

Phone (Home) _____ (Cell) _____

Occupation _____

Employer _____

Religious Affiliation: _____

Father's Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____

MOTHER'S INFORMATION

Mother's Name: _____ Age: _____

Occupation _____

Employer _____

Religious Affiliation: _____

Phone (Home) _____ (Cell) _____

Mother's Marital Status: Married Engaged Widowed Divorced

Separated Live with Partner Other _____

*If parents living apart then please fill in the address blanks below.

Mother's Address: _____

City: _____ State: ___ Zip: _____

FAMILY COMPOSITION

Who currently resides in the same house as the child? Please include everyone including any half or step brothers and sisters names.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

CHILD INTAKE FORM

MEDICAL AND PERSONAL

Has your child had any counseling before? Yes No

Counseling/Therapist Names: _____

Dates To / From: _____

Outcome and Diagnosis: _____

Date of Last Medical Exam ____ / ____ / ____

Please rate child's health? Excellent Good Average Poor

Is your child on medication? If yes, what kind(s) _____

Does your child have an addiction? Yes No Uncertain

Have they had any previous trauma? (Physical, Emotional, or Sexual Abuse, Abortion, Etc.) Yes No Uncertain

Has your child ever been arrested? Yes No

In case of emergency, who should we notify?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Relation: _____

Briefly answer the following questions.

BASIC INFORMATION

What concern has caused you to bring your child in for counseling at this time?

What has been done about your concern up to this present time?

Has anyone in the family experienced similar problems?

What specifically do you expect your counselor to do to help you with your concern?

What is your assessment of the child's personality? Strengths, weaknesses, etc.

How would your child describe the problem?

CHILD INTAKE FORM

What is the current family situation?

Is there any other information that you think we should know?

How do the parents relate to each other?

What is the parents style of discipline?

What are your expectations for this child?

How is the child different from other members in the family?

How does the child handle stress?

PLEASE CHECK ANYTHING YOUR CHILD HAS GONE THROUGH IN THE LAST 12 MONTHS

- Death of Parents
Divorce of Parents
Separation of Parents
Remarriage of Parents
Death of close family member
Personal injury or illness
Fired from work
Change in family member's health
Pregnancy
Sexual Abuse
Addition to family
Change of financial status of parents
Death of close friend
Foreclosure of parent's mortgage or loan
Change in work responsibilities
Brother or Sister leaving home
Trouble with in-laws
Outstanding personal achievement
Parent begins or ends work
Jail term
Starting or finishing school
Change in living conditions
Revision of personal habits
Change in parents work hours, conditions
Change in residence
Change in schools
Change in recreational habits
Change in church activities
Change in social activities
Change in sleeping habits
Change in number of family gatherings
Change in eating habits
Vacation
Christmas season
Minor violation of the law
Other

COUNSELING INFORMATION AND CONSENT TO COUNSEL

A. MINISTRY COUNSELING CONCEPT

Jesus said, "...you shall know the truth, and the truth shall make you free." CFT ministry counselors believe that the Bible is truth and sufficient for addressing all of life's problems that are not organic in nature, and that submission to the Holy Spirit is essential. Therefore, CFT ministry counselors use the Bible as their primary tool in bringing a counselee's concerns to reconciliation/resolution while relying on the Holy Spirit's enabling power for results. A vital part of the ministry counseling process is attending a Grow In Grace Seminar. Therefore, all counselees are expected to attend. (Please see receptionist to register.)

B. MINISTRY COUNSELING CREDENTIALS

CFT's ministry counselors are either ordained pastoral counselors or under the supervision of an ordained pastoral counselor and have been Biblically trained to minister God's grace to others through the Exchanged Life counseling process. CFT is a member of Network 220 which suggests the standards for training Exchanged Life discipleship counselors. Please feel free to inquire about the training and background of your ministry counselor. CFT's staff are not psychologists, psychiatrists, licensed counselors or therapists.

C. FINANCIAL POLICY

No one will be refused discipleship counseling for financial reasons. However Scripture says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, we ask you to set the amount you are able to pay for each session. Our requested rate is \$125 per 50 minute session. A portion of your counseling payment will be used to pay CFT office expenses. The remainder will go to the counselor's salary. Like most missionaries, CFT staff counselors raise the majority of their salaries from the donations of others who believe in their ministry. We ask that as God prospers you financially, you would remember your CFT counselor and CFT.

D. BOOK AND AUDIO POLICY

Books and audio recordings will be recommended by the counselor to facilitate the counseling process. If you are unable to purchase the materials recommended, then you can use CFT's rental library. Should you choose to rent the prescribed books or audios, a \$5.00 rental fee per item will be charged. By renting books and/or audios, the client agrees to return all items within 2 weeks. By not returning the materials on the prescribed date, the client is consenting to purchase the materials, and expects to be billed by CFT for the materials plus applicable taxes.

E. APPOINTMENTS AND CHILDCARE

If you have to reschedule an appointment, please call our office at least 24 hours in advance so that the counselor may reschedule their time and give others an opportunity to fill the vacated time slot. Should no one be available to speak with you personally, please leave a message on CFT's voice mail to reschedule your appointment. Child care is the responsibility of the parent or guardian. Child care is not provided by CFT. Parents or guardians must remain on the premises while a child is being counseled in order to facilitate communication with the counselor and to help in the event of an emergency.

F. CONFIDENTIALITY COMMITMENT

Confidentiality is essential to our discipleship counseling process. CFT ministry intakes, notes and personal testimonies taken, given, or shared

will not be transferred to any one except when the information is used in consultation (See H. Consultation Consent).

When we do release information about a client, it will only be the fact that the person has been in for counseling and the number of sessions a client has attended. We are not licensed therapists, psychologists or psychiatrists. We do not diagnose psychological disorders. If you desire to be psychologically diagnosed, you will need to see a licensed therapist, psychologist or psychiatrist who is qualified by the State of Georgia to evaluate individuals by the Diagnostic and Statistical Manual of Mental Disorders.

Persons receiving counseling can expect confidentiality to be modified in the following situations:

- 1) When, in the opinion of the pastoral counselor, the personal safety of the counselee or another person is an issue.
- 2) When, in the opinion of the pastoral counselor, child abuse is disclosed.

G. GROUP OR FAMILY COUNSELING

All communication that occurs in a group counseling or training environment is confidential and is not to be shared outside of the group.

H. CONSULTATION CONSENT

I do hereby give my consent for my child's counselor to consult with others (i.e. pastors), that the ministry counselor may deem appropriate to consult with, in order to assist in the assessment of his or her counseling concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

I. PRAYER MINISTRY

CFT's Prayer Director and staff will be praying for you and your child anonymously as you go through counseling. If you would like the staff at CFT to pray for a specific need, please fill out the attached prayer request form and submit it to the receptionist or your counselor.

J. MAILING LIST

CFT has a free ministry newsletter sent out periodically with encouraging articles and updates on our ministry. Would you like to be added to our mailing list? Yes No

By my signature, I affirm that I have read and do understand the above statements.

Counseling Client's Name (please print)

Counseling Client's Signature

Date

Parent or Guardian's Name (please print)

Parent or Guardian's Signature

Date

DISCIPLESHIP COUNSELING PAYMENT AGREEMENT

Scripture says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, clients are asked to contribute financially for the counseling services they receive. Our suggested rate is \$125 per 50 minute session. It is to be noted that no one will be refused counseling for financial reasons. For this reason, we allow you to set the rate you commit to pay for each session. If your financial situation changes for the better or worse in the future, you can change your committed rate by submitting a payment change form to the receptionist. Please select your commitment and sign below.

- I will pay \$125 per 50-minute discipleship counseling session
- I am not financially able to pay \$125 per 50-minute discipleship counseling session. I will instead pay \$_____. I understand if at any time in the future my financial situation changes for the better or worse, I can change this amount by submitting a payment change form to the receptionist.

Signature

Date

- In addition to my personal commitment to pay, a friend, family member, or employer has also offered to donate on my behalf. I authorize CFT to contact them to facilitate this donation. Their contact information is:

Name: _____

Relation: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone (Home) _____ Phone (Cell) _____

E-mail: _____

PRAYER REQUEST

“For this reason, since the day we heard about you, we have not stopped praying for you. We continually ask God to fill you with the knowledge of His will through all the wisdom and understanding that the Spirit gives.”

- Colossians 1:9 -

The staff and volunteers at CFT count it a privilege to pray for you and your family. If you would like prayer for a specific need, please fill out this form and return it to either the front desk or to your discipleship counselor. Your request will be given to our prayer coordinator who will share it with our staff and volunteers.

Please pray for (name): _____

Reason for prayer: _____

Prayer requested by: _____

Date: _____

Prayer requests may also be submitted through our website at:

www.christianfamiliestoday.org/contact/form.html

----- Part 2 - To be completed by your child. -----

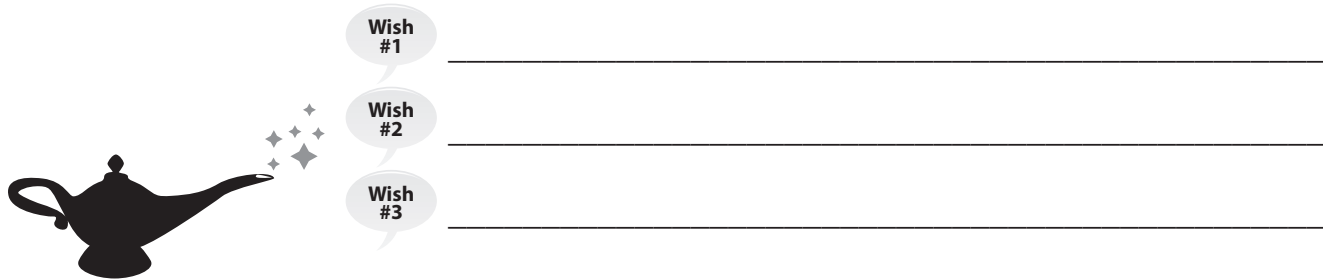
What are you good at doing? _____

What do you like about yourself? _____

What do other people like about you? _____

Is there anything you are afraid of? _____

If you had three wishes, what would they be?



Wish #1 _____

Wish #2 _____

Wish #3 _____

If you were an animal, what animal would you be? _____



If anything in your life could be different, what would you want to change? _____

CHILD COUNSELING INFORMATION INTAKE FORM

Who is your favorite hero or fictional character? _____

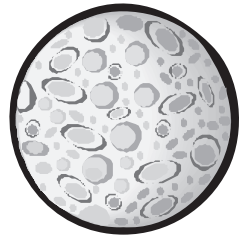
What do you like about him/her? _____

Who is Jesus?

List three things that are important to you

Tell about one dream you've had: _____

If you could go to the moon, who would you take with you? _____



If you found a thousand dollars lying on the sidewalk,
what would you buy with it?

I am _____

Others are _____

My world is _____