



Biblical Counseling **Counseling Application**

Our Goal- Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

We're glad that you're taking this important step to seek godly counsel. Jesus promises us, "Come to me, all who are weary and heavy-laden, and I will give you rest" (Matthew 11:28). No matter what your situation, this is a time in your life that the God of all creation knows and understands completely and therefore, there is great hope! This form is helpful for us to start getting to know you and your situation, as well as to communicate these first important points which explain some of our perspectives and convictions which we believe are honoring to God and the best way we can truly be of help to you.

Biblical Basis- We believe that the Bible provides thorough guidance and instruction for faith and life. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based solely on scriptural principles rather than those of secular psychology or psychiatry. In order to support this conviction, we ask that all of those we counsel to be regular attendees to our Sunday morning worship services, as well as a weekly small group. These are vital components to your growth in the Lord, and we would be glad to help you find a group that is most suitable to you.

Not Professional Advice- Although some of the pastoral or lay counselors of this church may be licensed in other fields, such as medicine or psychology, they do not practice as professional doctors, psychologists or psychiatrists in their role as Grace Fellowship Biblical Counselors. In this role, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from independent professionals not associated with Grace Fellowship Church. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles. By signing this "Consent to Biblical Counseling" you agree to hold Grace Fellowship Church harmless in any and all matters associated with the biblical advice you have received.

Confidentiality- Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because we are continually training others to be effective counselors we ask that you agree to allow *the possibility of* counselors in training to be present during your sessions. So as to bring as much understanding and grace to your counseling, your counselor and Small Group Leader will be discussing your progress of growing and changing to be more like Christ. Also, there are four other situations when it may be necessary for us to share certain information with others: (1) When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; (3) when there is a clear indication that someone may be harmed unless we otherwise intervene; or (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts- On rare occasions a conflict may arise between counselor and counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counsees to agree that any dispute that arises with the counselor or with this church as a result of counseling will be settled with mediation within the church according to the principles of scripture and the authority of this local church.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed: _____

Dated: _____

This form must be completed in full before the counselor is assigned. We will do our best to assign a counselor to you within 2 weeks.

PERSONAL INFORMATION

Your Name: _____

Email: _____

Phone (Home): _____

(Cell): _____ (Work): _____

Address: _____

City: _____ Zip: _____

Occupation: _____ Employer: _____

Sex: M ____ F ____ Birthdate: _____ Age: _____

Referred here by: _____

HEALTH INFORMATION

Rate your health (check): Very Good ____ Good ____ Average ____ Declining ____ Other _____

Have there been any weight changes recently (+/—): _____

List all important present or past illnesses, injuries or handicaps: _____

Are you presently taking any medication: Yes ____ No ____ If so, what? _____

Have you ever used drugs other than for medical purposes? Yes ____ No ____ If so, please explain: _____

Have you ever been arrested? Yes ____ No ____ If so, please explain: _____

Are you willing to sign a release so that your counselor may write for social, psychiatric, or medical reports?

Yes ____ No ____

Have you recently suffered the loss of someone who was close to you? Yes ____ No ____

If so, when? _____ Please explain: _____

EDUCATION

Education (last grade or degree you completed) _____

Other training (list type and years, including degrees) _____

MARRIAGE AND CHILDREN (If Applicable)

Name of Spouse _____

Occupation _____

Phone(H) _____ (W) _____

Spouse's age _____ Education (last grade or degree completed) _____

Date of marriage _____ Your ages when married: You _____ Spouse _____

Would your spouse be willing to come for counseling? Yes _____ No _____ Uncertain _____

Religious background of spouse: _____

Have you ever been separated? Yes _____ No _____ If so, when? _____

Have either of you ever filed for divorce? Yes _____ No _____ If so, when? _____

Give brief information about any previous marriages: _____

Do you have any children?

Name	Age	Gender	From a Previous marriage?

RELIGIOUS BACKGROUND

What church are you a member of? _____

Church Currently Attending: _____

How often do you attend per month? (circle) 0 1 2 3 4 +

Which Small Group do you participate in? _____

What church did you attend as a child? _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you believe Satan exists? Yes _____ No _____ Uncertain _____

Have you ever "dabbled" with the "Occult" (Séances, devil worship, witchcraft, etc.)? Yes _____ No _____

Do you pray to God? Yes _____ No _____ Never _____ Occasionally _____ Often _____

Would you say you are a Christian? Yes _____ No _____

or would you say you are still in the process of becoming Christian? Yes _____ No _____

How often do you read the Bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHAT IS YOUR FINANCIAL PROBLEM AS YOU SEE IT?

2. WHAT HAVE YOU TRIED TO DO ALREADY TO RESOLVE THE PROBLEM?

3. AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU FINANCIALLY?

4. WHAT CAN WE DO? WHAT ARE YOUR EXPECTATIONS IN COMING HERE?

5. HAVE YOU HAD ANY PREVIOUS FINANCIAL COUNSELING AT GRACE? WITH WHOM DID YOU MEET?

WHAT TO BRING TO YOUR FIRST SESSION

1. LIST OF DEBTS (INCLUDE THE FOLLOWING FOR EACH DEBT)

-TO WHOM THE DEBT IS OWED

-MINIMUM MONTHLY PAYMENT

-TOTAL OF DEBT OWED

2. LIST OF EXPENSES

-THREE MONTHS OF PAYCHECK STUBS (OR PREVIOUS YEAR'S W-2)

-PLEASE FILL OUT THE ATTACHED INCOME AND EXPENSE FORM TO THE BEST OF YOUR ABILITY

3. COMPLETED MONTHLY EXPENSES WORKSHEET (LOCATED BELOW OR ON FINANCIAL COUNSELING PAGE)

4. CALCULATOR

5. PENCIL

6. PAPER FOR NOTE TAKING

MONTHLY INCOME AND EXPENSES

GROSS INCOME PER MONTH	_____	8. Enter./Recreation	_____
Salary	_____	Eating Out	_____
Interest	_____	Baby Sitters	_____
Dividends	_____	Activities/Trips	_____
Other (_____)	_____	Vacation	_____
Other (_____)	_____	Other (_____)	_____
		Other (_____)	_____
LESS:		9. Clothing	_____
1. Giving	_____	10. Savings	_____
2. Tax (Est. - Incl. Fed,State,FICA)	_____	11. Medical Expenses	_____
NET SPENDABLE INCOME	_____	Doctor	_____
3. Housing	_____	Dentist	_____
Mortgage (rent)	_____	Drugs	_____
Insurance	_____	Other (_____)	_____
Taxes	_____	12. Miscellaneous	_____
Electricity	_____	Toiletry, cosmetics	_____
Gas	_____	Beauty, barber	_____
Water	_____	Laundry, cleaning	_____
Sanitation	_____	Allowances, lunches	_____
Telephone	_____	Subscriptions	_____
Maintenance	_____	Gifts (incl. Christmas)	_____
Other (_____)	_____	Cash	_____
Other (_____)	_____	Internet	_____
4. Food	_____	Other (_____)	_____
5. Automobile(s)	_____	Other (_____)	_____
Payments	_____	13. Investments	_____
Gas and Oil	_____	14. School/Child Care	_____
Insurance	_____	Tuition	_____
License/Taxes	_____	Materials	_____
Maint./Repair/Replace	_____	Transportation	_____
6. Insurance	_____	Day Care	_____
Life	_____	Other (_____)	_____
Medical	_____	TOTAL EXPENSES	_____
Other (_____)	_____	INCOME VERSUS EXPENSES	
7. Debts	_____	Net Spendable Income	_____
Credit Card	_____	Less Expenses	_____
Loans and Notes	_____	Total (+, -)	_____
Other (_____)	_____		
Other (_____)	_____		