

## CHILD INTAKE FORM

**1. CALL FOR AN APPOINTMENT**

Phone: 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**

Please fill out these forms with as much detail as possible.

**4. BRING THESE INTAKES WITH YOU**

Bring these completed forms with you on the day of your first counseling appointment.

----- 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) \_\_\_\_\_ (Cell 2) \_\_\_\_\_  
 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.		
7.		
8.		
9.		
10.		



# CHILD INTAKE FORM

What is the current family situation?

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

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How do the parents relate to each other?

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What is the parents style of discipline?

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What are your expectations for this child?

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

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How does the child handle stress?

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## 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

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## 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 reliance on the Holy Spirit is essential. Therefore, CFT ministry counselors use the Bible as their primary tool in bringing a counselee's concerns to resolution while relying on the Holy Spirit for the results.

### 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 discipleship counseling process. CFT is a member of the Association of Exchanged Life Ministries which suggests the standards for training Exchanged Life ministry 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

CFT staff counselors raise their own salaries from those who believe in their ministry to others. The office expenses are paid from the financial contributions of counsees. Scripture affirms this method of supply when it says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, counsees are asked to contribute financially for the counseling services they receive. Our suggested rate\* is \$85 per hour. If a counselee is unable to contribute \$85 per hour they should discuss what they can contribute with their CFT staff counselor. It is to be noted that no one will be refused counseling for financial reasons. We only ask that when God does bless you financially, you remember CFT's ministry to you. CFT is a non-profit Christian ministry, and any amounts donated above \$85 are tax-deductible to the full extent allowed by law and will be used to help others counsees who are unable to contribute.

\*If your counselor determines that an assessment is beneficial, there is a one-time \$30 cost per person for the assessment.

### D. BOOK AND AUDIO POLICY

Books and Audio related to counselee's concern will be recommended by the counselor to facilitate the counseling process. If counselee is unable to purchase the materials recommended by the counselor, then the counselee should avail themselves to CFT's rental library. Should counsees choose to rent the prescribed books or audios, a \$5.00 rental fee per item will be charged. When renting books and/or audios, counselee agrees to return all items on the date set by the CFT staff counselor. By not returning the materials on the prescribed date, counselee consents to purchase the rental materials, and expects to be billed by CFT for the materials plus applicable taxes.

### E. APPOINTMENTS AND CHILDCARE

If the counselee has to reschedule an appointment, they should do so 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 the 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.

### F. CONFIDENTIALITY COMMITMENT

All information disclosed to your counselor will be kept in strict confidence. 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 Consultation Consent). However, persons receiving counseling can expect confidentiality to be modified in the following situations: 1. When the personal safety of the counselee or another person is an issue. 2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your counselor.

### G. GROUP OR FAMILY COUNSELING

Confidentiality within group sessions is an essential aspect of a safe and restorative environment. All communication that occurs in a counseling or training environment is confidential and is not to be shared outside of the group. CFT ministry notes and personal testimonies taken, given, or shared during the group session will not be transferred to any one except when the information is used in consultation (See Consultation Consent).

### H. CONSULTATION CONSENT

I do hereby give my consent for my 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 my 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

I do  do not  give my consent that my counseling concerns be made a matter of prayer by CFT's Prayer Ministry. I would  would not  like for my concerns to be associated with my initials only.

### I. MAILING LIST

CFT has a free ministry newsletter sent out quarterly with encouraging articles and updates on our ministry. Would 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

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

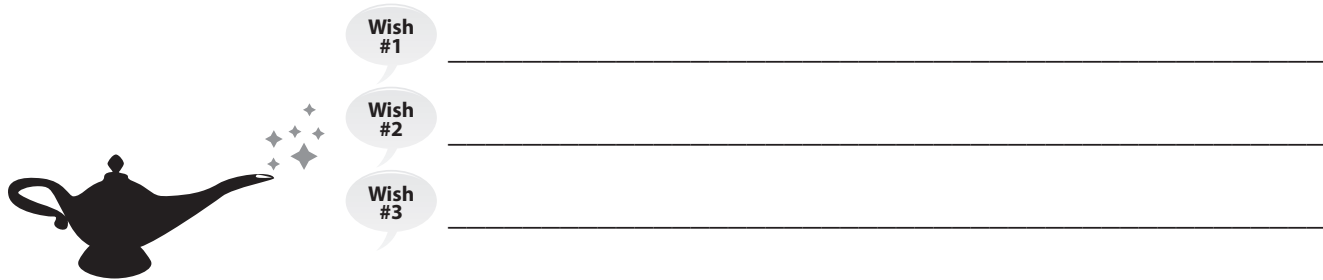
What are you good at doing? \_\_\_\_\_

What do you like about yourself? \_\_\_\_\_

What do other people like about you? \_\_\_\_\_

Is there anything you 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?

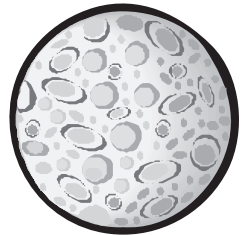
List three things that are important to you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_