

FORM INSTRUCTIONS

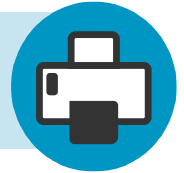
Electronic Form



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





Helping Overcome with Purpose and Encouragement

FOLLOW-UP APPLICATION FORM 0221

FOLLOW-UP APPLICATION FORM

Name (please print) _____ Date of Birth _____

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

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Phone _____

If married, will you both attend? Yes No

How many sessions would you like to request? (2-5) _____

Please indicate which counselor you wish to see:

Nevin Joann Julian Tracia Nevin & Joann Julian & Bertha

EVALUATION

Please evaluate the questions on the second page of this form.

Couples, we ask that you both answer these evaluation questions individually.

SUPPORT

Please be reminded that HOPE Ministries is a faith-based ministry and is dependent upon the gifts of God's people to continue to operate in this way. Thank you for your consideration in regards to supporting the on-going work of the ministry.

AGREEMENT

Please sign your name(s) below to indicate that you are aware and in agreement with the following statements:

- Upon receiving this application, HOPE Ministries will specify several DVDs to be watched or another project to be done before follow-up. **I agree to watch the requested DVDs at least three weeks before my return** and will let HOPE Ministries know when that is completed. If there is a problem in doing this assignment, I will be in contact with HOPE Ministries.
- **I am committed to working on my individual/marital issues.** I recognize it is a process and that I am responsible to invest myself into the continuing healing in my life under the direction of Christ.
- **I agree not to bring other family members** (except my spouse) to this appointment.
- **I understand that there will be a waiting time**, but upon receiving this application, HOPE Ministries will try to schedule me within three to five months.

Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____



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FOLLOW-UP APPLICATION FORM ATTACHMENT

EVALUATION QUESTIONS *(Couples, we ask that you both answer these evaluation questions individually.)*

1. What is one thing that you took with you from your last sessions at HOPE Ministries and have been trying to implement into your life? Has this made any difference or do you find yourself struggling to apply this? If you find yourself struggling, what do you believe is the cause of the struggle?

2. In your time of returning to HOPE Ministries, what issue(s) do you hope to address?