

HEALING THE HEART PRAYER MINISTRY

TEEN PRE-MINISTRY FORM

IMPORTANT INFORMATION:

You were created to be whole and free! This premise is foundational to the prayer ministry offered at Healing the Heart Life Center Ministries. Today you can choose life and begin your journey to real freedom in Christ. It is for freedom that Christ has set you free! (Galatians 5:1)

Healing the Heart Life Center is dedicated to bringing wholeness to the lives of individuals. Our trained and experienced team has a heartfelt desire to see people step into genuine freedom in Christ. By facilitating the process of sanctification through personal prayer ministry and teaching, we have witnessed remarkable transformations through the power of the Holy Spirit. We extend to you this same hope for change, a hope that does not disappoint because the love of God has been poured out in our hearts. (Romans 5:5)

IF YOU ARE INTERESTED IN RECEIVING PRAYER MINISTRY, please complete the attached forms and return them to Life Center Ministries. Upon receipt of these forms, a prayer minister will contact you to schedule your initial appointment.

A RECOMMENDED DONATION of \$65.00 per hour for individual sessions or \$130.00 per hour for team sessions is recommended. However, individual arrangements can be discussed with the minister prior to your appointment and as they arise. Donations for services rendered are not tax-deductible. Please note that we do not accept insurance, and we do reserve the right to refuse service if we perceive abuse of service or grace extended. We strongly believe that as you take financial responsibility for your healing, God will release blessing and honor into your life.

CANCELLATION POLICY: A 48-hour notice is requested for any necessary appointment changes or cancellations. With cancellations less than a 48-hour notice, we request that a donation be made to the assigned prayer minister.

WHAT WE DO: Our goal as prayer ministers is to facilitate the healing process by the examination of fruit in your life. Through the ministry of the Holy Spirit, destructive patterns in our lives can be traced back to ungodly roots (i.e., judgments, inner vows, unforgiveness, resentments, and lies adopted into our belief systems earlier in life), traumas, and experiences. During the prayer sessions, the love of Jesus, the Cross, and the Resurrection of our Lord Jesus Christ are all applied to the deep wounds and practices of the heart. Healing and wholeness result as we allow God's faithfulness to complete the work He has already begun in you. (Philippians 1:6)

Teen (14-18) Pre-Ministry Form

The purpose of this questionnaire is to help us get a picture of your background and the areas you are having trouble in. Completing these questions the best you can will help us to prepare to meet with you.

All information that you share is safe with us; prayer ministers may confidentially consult with the director or other team members if needed or in the case of your or someone else’s safety. However, all personal information gathered in a ministry session is strictly confidential, and *no files are maintained*.

Please mail attached forms directly to:

Healing the Heart Prayer Ministry Life Center Ministries
411 South 40th Street, Harrisburg, PA 17111

GENERAL INFORMATION

Full Name _____ Phone number () _____

Address _____

City _____ State _____ Zip _____

Email address _____ Sex _____ Birthday _____

Name of School _____ What grade are you in? _____

PHYSICAL HEALTH (please circle one)

Very Good Good Average Declining

Have you ever used drugs other than for medical purposes? What? _____

Please list past or present illnesses, injuries, handicaps, etc. _____

Have you ever had psychotherapy or counseling? If so, when and from whom? _____

Please list any past or present trauma (i.e., harmful/hurtful events you experienced during childhood to the present), destructive patterns in your life, etc.: _____

FAMILY HISTORY

Parent's full names: _____

Select the marital status of your birth parents:

Married Separated Divorced Never Married

Have either of your parents passed away? Father Mother Both Neither

How old were you when your parents passed away? _____

How old were you when/if your parents divorced/separated? _____

Are either of your parents remarried? Father Mother Both Neither

If so, how do your stepparents relate to you? _____

Who do you live with? (Please circle one)

Mother Father Both Other:

Rate your parent's marriage: (Please circle one)

Unhappy Average Happy Very Happy N/A

Father's occupation: _____

Mother's occupation: _____

Describe your relationship with your natural parents: _____

List any destructive generational patterns you have noticed within your family. These may include substance abuse, mental health issues, relational issues, etc. _____

Please list any other important family history. For example, whether your parents remarried, how many times, who lived with who, what your relationship with your parents/stepparents looks like, etc. _____

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Rate your childhood: (Please circle one)

Difficult Average Good Very Good

List your brothers and sisters (including stepbrothers/sisters) in line of succession, indicating sex and age:

[e.g. John (male, 23 yrs.); Joan (female, 21 yrs.); me (15 yrs.); Sue (female...)] _____

How do you spend your spare time? List present interests, hobbies (I.e., sports, reading, etc.) _____

SPIRITUAL BACKGROUND

Church affiliation _____

Youth Pastor's name _____ Pastor/Church phone # () _____

Does your pastor know you're seeking help? Yes No Uncertain

Please describe your relationship with God: _____

Explain recent changes in your spiritual life, if any: _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

What is your main reason for seeking ministry, as you see it? _____

What are your goals in receiving prayer ministry? _____

As you see yourself, what kind of person are you? _____

List three significant relationships (friends, family, etc.): _____

Were you or any member(s) of your family knowingly involved in the occult (i.e., astrology, superstitions, New Age thinking, horoscopes, Masons, etc.)? If so, please explain:

Is there any other information that would be helpful for us to have? _____

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How strongly do you want healing? (Please circle one)

Very much

Moderately

Could do without, if necessary

Who referred you here for prayer ministry? _____

Have you previously received ministry from Healing the Heart? Yes No

If yes, when and from whom? _____

Please circle your times of availability:

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

Appointment format (please circle at least one):

In person

Phone call

Virtual (I.e., Zoom, Facetime, etc.)

If you have any special requests, please list them here.

PARENTAL RELEASE AND CONSENT FORM

The purpose of this ministry is for spiritual growth and healing. It is not a psychological counseling service, nor is it intended to be. I understand that the team members are not licensed psychologists, counselors, or psychiatrists, but are trained in using the Word of God and prayer through the power of the Holy Spirit. I further understand that according to 1 Corinthians 6:1-8, we as Christians should refrain from suing one another, and that all healing prayer ministry is being undertaken with the understanding that we will abide by that scriptural premise.

As the parent(s)/legal guardian(s), I/we give my/our permission for a prayer minister to see our son/daughter for prayer ministry, with and/or without me being present in the same session. I understand and agree that prayer ministers are holders of confidential privilege, which is the right to **withhold** disclosure of private ministry information about my child. However, in the interest of developing a trusting relationship between the prayer minister and my/our children, I/we give prayer ministers permission to reveal or withhold information that in their judgment is necessary to best help and protect my/our child(ren). The only exception to this discretion would be in the case of revelations by the child of any planned or recently attempted suicide, threats of harm to others, child abuse of any kind, severe emotional dysfunction, or criminal behavior.

All personal information gathered in the course of a ministry session with my child(ren) is confidential, and **no files are maintained**. Prayer ministers may consult confidentially with the director or other team members if needed. I/ we understand that information will be shared with me/us, the child(ren)'s parent(s)/legal guardian(s), when/if the prayer minister deems appropriate. I/we do hereby give permission for the prayer minister to consult with other members of the ministry as needed (names are withheld). Prayer minister training is a part of our commitment to the task of restoration and transformation of individuals and families. As your child(ren) participate(s) in the prayer ministry session they may have the opportunity to work not only with their prayer minister but also with a qualified intern who has been assigned. Please be assured that the prayer ministers and interns always adhere to a strict policy of confidentiality.

TO COMPLY WITH LEGAL REGULATIONS, ANY PLANNED OR RECENTLY ATTEMPTED SUICIDE, THREATS TO HARM SELF OR OTHERS, REPORTS OF CHILD ABUSE OR CRIMINAL BEHAVIORS WILL BE REPORTED TO THE PROPER AUTHORITIES.

SECURITY CAMERA POLICY: Life Center Ministries International and Healing the Heart value the privacy, confidentiality, and security of both the ministry team members and their clients. The use of surveillance cameras is currently being employed in all ministry rooms and hallways. There is no audio recording. The camera is for surveillance only and does not have audio recording capability. There is no real-time monitoring of the video stream. The video footage is recorded. Recorded footage will be viewed only in the event of an investigation involving security.

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By signing below, you are stating that you agree with and understand the above information concerning this ministry. You state that you have sought this ministry of your own free will and that all information you reveal is given voluntarily to facilitate the team members working with you. You further release Life Center Ministries International and Healing the Heart from any liabilities and retributions that may result from these sessions.

By signing below, you are stating that you agree with and understand all the information stated above.

Child's Full Name _____ Date _____

1st Parent/Legal Guardian's Signature _____

2nd Parent/Legal Guardian's Signature _____

Phone number () _____ Email _____

Address _____

City _____ State _____ Zip _____