The Homeless

Care Counseling Ministry

Care Counseling Client Intake

In order to serve you we would like to advise you about the kind of counseling that you will receive from the volunteers at Homeless Angels. It is our desire to help you apply the Bible and its principles to your life through prayer and the study of the Word of God. Our goal is to help you build a strong personal relationship with Jesus Christ, which ultimately is the best way we can help you solve your problems.

The members of the volunteer body and other persons within the organization that serve as lay counselors are not psychologists or licensed mental health professionals. We cannot provide you with assistance in the treatment of certain mental, emotional, or behavioral problems. If you believe that you require the assistance of a professional counseling service, or you are presently under the care of a psychologist, psychiatrist, or other licensed mental health professional we encourage you to seek such help. If you are seeing such a professional, we will nevertheless try to encourage you and offer supplemental biblical discipleship.

Any information that you reveal during counseling that you receive at the hotel is confidential, except in those areas where the disclosure of information is required by the laws of the State of Michigan, or in those instances when the person counseling you at Homeless Angels believes that there is a biblical reason to discuss your counseling with members of the volunteer staff.

Since the hotel does not offer professional counseling, we would appreciate it if you would read the following paragraph carefully. If you are in agreement, please print your name, sign the waiver form and return. In order to offer you distinctively bible-based counseling and to protect the hotel from unwarranted legal action, we ask persons seeking counseling to agree to the following:

In consideration of the waiver of any fee for the counseling I receive, and with the intent to be legally bound, I waive and release any claim or case action against Homeless Angels, its staff, its volunteers or my counselor arising from anything whatsoever connected with the biblical instruction or counsel I am receiving without limiting the generality or the foregoing any claim for negligence or malpractice.

Print Name: _____

Signature: _____ Date: ____/____/____

Pre-Counseling Information Summary

(NOTE: If you are requesting marital counseling, please complete two forms (one for each spouse.)

Client(s) name: _____ Ages(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Spiritual Journey

Do you know Jesus Christ as your personal Savior? _____

Do you spend time on a regular basis with Him? _____

What church(es) have you attended in the past two years?

Church name	Pastor's name	Years attended
_____	_____	_____

Referred By

Were you referred by Homeless Angels personnel? [ ] Yes [ ] No

Have you ever received assistance from Homeless Angels? [ ] Yes [ ] No

How did you hear about us? _____

Special Issues

Describe any special issues or concerns presented during the contact.

[ ] Eating more/less	[ ] Lack of ambition/goals	[ ] Headaches	[ ] Faint or dizzy
[ ] Alcohol use	[ ] Crying	[ ] Injuring self	[ ] Recklessness
[ ] Drug use	[ ] Spiritual problems	[ ] Tightness in chest	[ ] Dry mouth
[ ] Procrastinating	[ ] Withdrawing socially	[ ] Sexual problems	[ ] Irritability
[ ] Marital conflict	[ ] Finances	[ ] Rapid heartbeat	[ ] Excessive sleep
[ ] Poor concentration	[ ] Binge drinking	[ ] Acting aggressively	[ ] Passivity
[ ] Lack of sleep	[ ] Physical abuse	[ ] Emotional abuse	

Current Medications:

Why Counseling?

1. Please describe the issue for which you would like to receive counseling. Please provide as much detail as possible. (Attach a separate sheet if necessary)

2. Have you ever received prior counseling here at Homeless Angels? If so, who counseled you at that time?

3. Have you been or are you presently under the care of a physician, psychiatrist, psychologist, and/or another professional counselor for this or any other concern? If so, please provide the name of your previous and/or current counselor.

4. Briefly discuss your goals or expectations for the counseling you will receive at Homeless Angels.

5. Currently, counseling sessions take place every Tuesday, according to the following time slots. Please indicate your preference.

Tuesday:	11-12 p.m.	_____
Tuesday:	12-1 p.m.	_____
Tuesday:	1-2 p.m.	_____
Tuesday:	2-3 p.m.	_____