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| Please prayerfully fill out this application. When you are done, please mail it to us at **1 Haft Lane, New Albany, PA 18833**. Or you may take a picture of it and email it to us at **StepsOfHope1@gmail.com** or text it to **717-314-6233** |  |

Today’s date:

Child or Teenager Application

Parents’ names, address, email and phone:

Dates and times you can come to the Haft: (meeting by zoom is an option too)

Please list all alternative dates:

What is their name, age, grade and school?

Do they want to get counseling/ministry help? What are the issues they want help with?

Healing is a whole-family issue. Is everyone in your family willing to be involved in this if asked?

Please note that we want family wholeness and everyone caring and connecting. Our vision is that families heal and change together. If your children need counseling and there is another parent or legal guardian involved in their lives, we ask that the other parent or legal guardian be allowed to be involved. If you allow us to contact them, what is their name, email and phone number?

What church or group do you attend?

Does your child or teenager have church leaders, mentors or godly friends they feel close to?

What are their names? (we ask because they are important people in their life who may be able to help)

What are their strengths and weaknesses?

What are the hobbies and fun things that they enjoy? Please list as many as possible.

What are their goals? (short-term and long-term)

Do they think that you (a parent) is part of the problem? How committed to change are you?

Does anyone else in your family have any personal hang-ups or issues? Please explain.