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| Please prayerfully fill out this application. Mail it to us when you are done.  Our address is **1 Haft Lane, New Albany, PA 18833**. Or you may email it to  [**StepsOfHope1@gmail.com**](mailto:StepsOfHope1@gmail.com) or text it to **717-314-6233**. Then we will contact you. |  |

Today’s date:

Family Application

Your name, 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 you can come:

Names and ages of everyone planning to come:

Why would you like to come to the Haft? What are your hopes and expectations?

Is anyone in your immediate family NOT planning to come? Please explain.

Please note that we want family wholeness and everyone caring and connecting. Our vision is that families heal and change together. If you and your children want to come, yet a spouse or guardian does not want to come, we require their consent in writing. Please include that when you send us your application.

Please take time to write any issues that you and/or your family would like help with.

What church or group do you attend?

Do you have church leaders, mentors or godly friends who you feel close to?

What are their names? (we ask because they are important people in your life)

What are the strengths and weaknesses of each person in your family? (make sure to include yourself)

What do you like to do for fun as a family? What are the interests of each person in the family?

What are your goals? 5 years from now, what are the best things that you could hope for your family?

How committed to change is everyone in the family? Please explain if anyone may resist change.

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