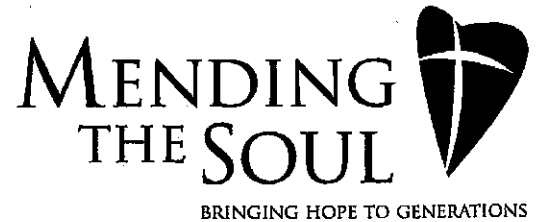


# Intake Form for Potential Group Participants



Dear potential-group participant:

Thank you for your time and attention in filling out these forms. Your answers will be kept confidential and read only by your group facilitator(s). These forms are used to tailor the group to the needs of the participants. A facilitator will get together with you soon to discuss your answers and inform you of more details about the upcoming group.

Confidentiality within the group is very important, and facilitators will not discuss who is in the group, or details of your story, with anyone outside the group without your permission.

Please return these forms to the group facilitator who gave them to you.

Thank you!

Name:		
Address:		
City:	State:	Zip:
Home #	Work #	Cell #
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Years Married:	Years Divorced:	

If you are currently married, does your spouse know you want to participate in a group? Yes    No  
(You are not required to tell them, but unless you tell us otherwise, we will assume they know and are supportive.)    

## Level of Education

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some High School         | High School Graduate     | Some College             | College Graduate         | Trade School             | Graduate School          |





11. Have you ever received counseling?  Yes  No

Type	Year(s)	Provider	Applicable Comments
Pastoral			
Lay Counseling			
Professional			

12. Describe your religious upbringing. (Please note that the group is open to those from all religious backgrounds. Abuse wounds the spirit and soul.)

13. What is your perception of God?

14. Do you have a church home?  No  Yes

Church Name: \_\_\_\_\_

Thank you for your willingness to complete this form. We will be in touch with you soon. It takes great courage to face the pain in our past, and we look forward to walking alongside you as you begin the journey to hope and healing.

The MTS facilitators at \_\_\_\_\_