

CFC BIBLICAL COUNSELING MINISTRY: CONSENT TO COUNSEL

Our Goal: Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

Biblical Basis: We believe that the Bible provides sufficient guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of psychology or psychiatry. Neither the pastoral, nor the lay counselors of this ministry are licensed as psychotherapists or mental health professionals. All our counselors are under the authority of the elders of Christian Family Chapel.

Professional Advice: In the process of biblical counseling there are often times when there is a need for significant advice with regards to legal, medical, financial or other technical areas. In those cases you will be encouraged to seek independent professional counsel. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you consider their counsel in the light of relevant scriptural principles. Some of our lay counselors may be lawyers, doctors or other professionals, but the counselee understands and agrees that such counselors are not providing advice in those areas during the counseling process.

Fees and Resources: We want to bless our community by providing these counseling services. Since the counselors volunteer their time, we can offer the counseling free of charge. In order to provide good, helpful resources, we ask, if you are able, to pay for the reading materials you will need. Out of respect for our staff we require a \$25 deposit which will be refunded to you should you keep all your appointments or cancel at least 48 hours in advance of your appointment. When you arrive for your first counseling session you will be required to submit this deposit in cash. If you should ever cancel upon less than 48 hours notice, you would forfeit your cancellation fee. You would need to submit another \$25.00 before continuing your counseling sessions.

What to Bring: Please bring with you (one for each person being counseled) a Bible (a literal translation such as NASB, ESV, NIV etc. rather than a paraphrase such as The Living Bible), looseleaf notebook, paper and pen.

Training Center: CFC Biblical Counseling Ministries is also a training center for future counselors. Accordingly, to facilitate both counseling and training, the counselor may have one to two people assisting or observing him/her in each counseling session.

Confidentiality: Confidentiality is an important aspect of counseling, and we will carefully guard the information you entrust to us. There are situations, however, when it may be necessary for us to share certain information with others. Therefore, you agree that our counselors may share certain information: 1) When a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor, elder or counselor; 2) When a counselee attends another church, and it is necessary to talk with his or her pastor or elders; 3) When there is a clear indication that someone, including you, may be harmed unless others intervene; 4) When required by law; or 5) When a person persistently refuses to renounce a particular sin, and it becomes necessary to seek assistance of others in the church to encourage repentance and reconciliation (see Matt. 18:15-20; Prov. 15:22; 24:11). Also, if you are a member/attender of CFC, the fact you are receiving counseling may be shared with the Pastor-Teacher to assist him in shepherding the flock. Additionally, should you seek financial assistance from CFC's benevolence committee, relevant information may be shared by your counselor with the benevolence committee. Be assured that our counselors strongly prefer not to disclose personal information to others, and will make every effort to help you find ways to resolve a problem as privately as possible.

Counseling Minors*: We believe the primary responsibility for shepherding and discipling children and teenagers rests with their parents. Accordingly, when counseling children and teenagers, the counselor may share information from the counseling sessions with either or both of the custodial parents if the counselor believes it is wise to do so.

Resolution of Conflicts: On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with the church as a result of counseling, will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the *Institute for Christian Conciliation* (complete text of the Rules is available at ICCpeace.com). Judgment upon arbitration award may be entered in any court having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

An executed facsimile copy or e-mail delivery of a ".pdf" format data file shall be an acceptable form of acceptance of this Consent. Likewise, an electronic submission of a Personal Data Inventory via CFC|Connect shall be an acceptable form of acceptance.

If you have any questions about these guidelines, please talk with Tony Anderson, Pastor of Counseling, CFC. (904.262.3000). If you are in agreement with these guidelines please sign below.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

***When requesting counseling for a teenager, a consent to counsel must be signed by the teen and a custodial parent.**

HC Personal Data Inventory CFC

If you would like to receive biblical counseling from The Hope Center completing your first step is to fill out this Personal Data Inventory. When you have completed and submitted your PDI, you will receive a confirmation email that your PDI has been received.

PLEASE NOTE: A personal data inventory must be completed by EVERYONE that will be involved in the counseling process (e.g., we would need a PDI from both a husband and a wife in a marriage counseling situation).

Contact Information

Name:* Trey Indiana
address:* 1 Lonely Street
 Lafayette IN 55555
email:* Trey3333@helpme.com
contact phone:
mobile phone:* (904) 867-5309
home phone:* (904) 867-5309
birthday:* Mar. 6, 1985
gender:* Male
marital status:* Married

Parent/Guardian Information

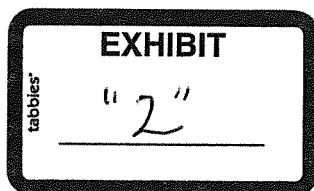
If you are 17 or under, please provide a parent's or guardian's name, contact phone number and e-mail address.

no response submitted

Date of Marriage: *

Please answer N/A if not applicable

April 4, 2015



If you are married, are you requesting marriage counseling

If you are requesting marriage counseling, your spouse will also need to complete a personal data inventory before we can place you.

- Yes, and my spouse will complete a PDI.
- No, at this time I am requesting counseling only for myself.
-

Your age when married. *

Please answer N/A if not applicable

27

Your spouse's age when married *

Please answer N/A if not applicable

26

Education (last year completed-grade) *

Masters

Employer *

Please answer N/A if not applicable

HR Company

Have you ever been arrested? *

Yes

No

If you have been arrested, please describe the circumstances.

no response submitted

Spouse's Name *

Please answer N/A if not married

Deb Indiana

PERSONAL DATA INVENTORY

Spouse's current age *

Please answer N/A if not applicable

31

Please provide Spouse's Employer and position and business phone

Title Company 904 555-6666

Spouse's education (last year completed)

Please include other training also.

B.S.

How long did you know your spouse before marriage?

1 year

Have you ever been separated?

Yes

No

Has either of you ever filed for divorce?

Yes

No

If you answered yes to either of the previous two questions, please describe how the situation was resolved.

no response submitted

Please give brief information any previous marriages and your spouses previous marriages (if any)

no response submitted

Please provide the following information about children.

Child's name/Age/Sex/Living w/you?/step child?

no response submitted

Church Attendance *

Please describe your current church attendance situation

- CFC Member
- CFC Attender
- I currently do not have a church home

How often are you currently attending church services and activities per month? *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+

Are you currently a member of a CFC Family Group? *

Yes

No

What church did you attend in childhood?

Christian Church

Have you been baptized?

Yes

No

What church did your spouse attend in childhood

Baptist

Would you say you are a Christian? *

Yes

No

Uncertain

Do you pray to God

- Daily
- Weekly
- Occasionally
- Never

How often do you read the Bible

- Daily
- Weekly
- Occasionally
- Never

Do you have regular family devotions

- Daily
- Weekly
- Occasionally
- Never

Please describe any recent changes in your spiritual life.

no response submitted

How would you rate your health

- Very Good
- Good
- Average
- Declining
- Poor

What was the date of your last medical exam?

12 months ago

What if any current medical issues are you experiencing?

no response submitted

Please list all important past illnesses, injuries or handicaps.

no response submitted

Do you have problems sleeping?

- Yes
- No

Please list any medications you are presently taking, if any.

no response submitted

Have you ever used drugs for other than medical purposes? If so, what?

no response submitted

Have you ever had a severe emotional upset? If so, please describe.

no response submitted

Please check any of the following words which best describe you now *

Please check all that apply.

- Active
- Ambitious
- Self-confident
- Persistent
- Nervous
- Hardworking
- Impatient
- Impulsive
- Moody
- Often-blue
- Lonely
- Excitable
- Imaginative
- Calm
- Serious
- Easy-going
- Shy
- Good-natured
- Introvert
- Extrovert
- Likable
- Leader
- Quiet
- Submissive
- Sensitive
- Passive

Please check any of the following problems you are currently experiencing. *

Please check all that apply

- Abuse
- Anger
- Anxiety
- Apathy
- Appetite issues
- Bitterness
- Children/Parenting
- Communication
- Conflict (fights)
- Deception (towards me)
- Deception (towards others)
- Decision-making
- Depression
- Drunkenness
- Drug abuse
- Envy
- Fear
- Finances
- Gluttony
- Guilt
- Health issues
- Homosexuality
- Impotence
- In-laws
- Loneliness
- Lust
- Moodiness
- Perfectionism
- Sex
- Sleep
- Other

If you answered "Other" to the previous question, please describe.

no response submitted

Your Availability. *

Please provide all the days and times you are available to counsel. The more options and flexibility you have will assist us in placing you more quickly. Counseling sessions are approximately 1 hour and 15 minutes and are set for the same day and time each week. Please Note: 9:00 is the ending time of the last sessions. Also Friday morning slots are very limited and are available for Ladies only at this time.

- Monday morning (prior to noon)
- Monday afternoon (noon-5:00)
- Monday evening (5:00-9:00)
- Tuesday morning (prior to noon)
- Tuesday afternoon (noon-5:00)
- Tuesday evening (5:00-9:00)
- Wednesday morning (prior to noon)
- Wednesday afternoon (noon-5:00)
- Wednesday evening (5:00-9:00)
- Thursday morning (prior to noon)
- Thursday afternoon (noon-5:00)
- Thursday evening (5:00-9:00)
- Friday morning (prior to noon)(ladies only)

Please provide any additional information about your availability.

Please let us know for example if you can start real early in the morning or other constraints such as you have to be through by a certain time.

no response submitted

What is the main problem as you see it? What brings you here? *

Listen to Randy on Video

What have you done about it to date? *

Saw another counselor

What can we do? What are your expectations in coming to the Hope Center? *

Listen to Randy

As you see yourself, what kind of person are you? Describe yourself. *

Hard worker

Is there any other information we should know?

Not that I know of

Worship Attendance and Small Group Participation *

As stated on the CFC website, I understand and agree that while in counseling, I will regularly attend worship services at CFC and participate in a family group or other small group discipleship setting

- Agree
 Disagree
-

By submitting this Personal Data Inventory I affirm that I have read and agree with the Hope Center's Consent to Counsel which is attached above. *

If you are 17 or under, please have a parent or guardian print and sign the Consent to Counsel and e-mail it to KimK@cfcjax.com

- Agree
 Disagree
-

CFC Counseling Ministry

Date: _____ Session # _____

Bring all prior and current homework back to each session.

Name: _____

1. After every session within 1 day, write a short summary of what was taught. Describe _____ times you applied it this week.

2. Pray *specifically* for the counseling process at least 3x per week. For each week:

- (PRAISE GOD) List 1 characteristic of God from your reading.
- (THANK GOD) List _____ things for which you are thankful to God [about _____ and tell him/her].
- (CONFESSION, PETITION) Ask God to show you weaknesses/sins where you need to repent, change or grow in order to become more like Christ. List _____, and ask God to help you in these areas.
- (INTERCESSION) Pray for your counselor to have wisdom and insight – to know where to work and what to do. Pray for _____ to be encouraged in the process and to see the changes being made in your life.
-

3. Attendance: Record principles that you can apply to your life right now, and describe how you used them this week.

- Worship Service/Sunday School
- Small Group
- _____ Hours of church/week
- Other

4. Bible Reading:

- Read _____ chapters/minutes per day for _____ days per week. For each day, put your most helpful verse on a 3x5 card. Meditate on that verse for a day, then write a short description of how you lived differently due to that verse.
- Read _____ and list principles that you can apply, and describe how you applied at least _____ this week.
-

5. Hiding Scripture in your heart:

- Put on a 3x5 card, memorize by _____, and be ready to explain _____. Review past memory verses.
- Review all 3x5 cards _____ times/week or _____ minutes/day. Add:

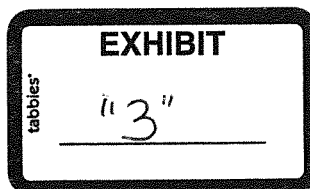
6. Read:

- Highlight the sentences that give you hope or help. Review your highlights, and number the _____ most impactful.
- Write a brief summary/outline of the principles, and describe how you applied at least _____ this week.
-

7. Service/Loving Acts:

- Use list provided
- Make a list of _____ ways
- From your own list
- Do _____. Record what and when.

8. Do/Other:



Next appt: _____

Charges for materials: \$ _____

Title: _____ . Date paid: _____

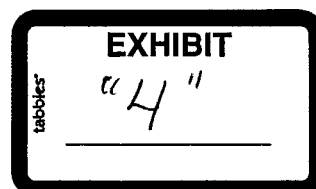
Our Part of Biblical Change (1 Timothy 4:7-9)
Prayer + Bible Study + Correct Thinking + Effort

What If ??????????

There's someone in your group that keeps sharing the same prayer request each week. They always ask for help with controlling their anger with their kids. They've memorized some verses that remind them they should not get angry and lose their temper, but they still do. Each week seems to be a confession time for the same sin all over again, and they don't seem to be making any progress. They finally call you later that week and say, "I just blew it again. I yelled at my child and threw a spoonful of batter I was working on at her. What should I do? I feel stuck in this sin. Where is the way out?"

You have 5 minutes to decide how you should proceed and you *must* have at least one verse to motivate / guide your decision.

- What does the Bible say about anger? Is it always a sin?
- What is sinful anger a sign of? And where should the root work start?
- What are some of the most common reasons behind a sinful pattern of anger? How do 'Idols of the heart' and personal 'rights' factor into the continual pattern of sinful anger?
- How would you direct her to begin to overcome these struggles and to walk in freedom?
- How would you give her hope? What Scriptures would you use?



HC 2019 Counselee Tracking Form

This form is to be completed by a Hope Center counselor for each new counselee. Note: If counseling a couple or family only one form is required.

Contact Information

Name:* Tony Anderson
email:* tonya@cfcjax.com

Name of counselee(s) *

Please provide the name of your counselees (include all that participate in the counseling). This information is confidential.

Connie and Caleb Community

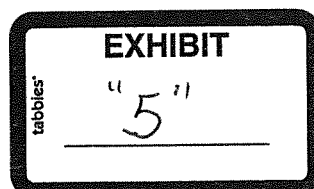
What is the total number of Counselees participating in this case? *

This question puts the information from the previous question in report form and helps us see how many individuals are benefitting from the counseling ministry. Please answer based upon the number of counselees who are in sessions on multiple occasions.

- 1
 - 2
 - 3
 - 4+
-

Did you co-counsel with a counselor for these sessions? *

- Yes
- No



If you had a co-counselor with these sessions please provide the name of your co-counselor.

We only need one form for this counselee so you and your co-counselor should decide who will fill out this form. If you did not have a co-counselor please leave this answer blank.

Lisa Anderson

When did you start meeting with this counselee *

September 1, 2019

Is the counselee(s) a CFC member or regular attender? *

- Yes
 No

If the counselee(s) is a CFC member or regular attender,how long was he/she on our waitlist. *

We would like to see how quickly we are able to help people in our church body. If counselee was not a CFC member or regular attender please answer N/A.

- 30 days or less
 31-60 days
 61-90 days
 91-120 days
 121-180 days
 181 days or greater
 N/A

If the counselee is a CFC member or attender is he or she in a CFC Family Group? *

- Yes
- No
- Not Applicable (non-CFC)

If the counselee(s) is NOT a CFC member or regular attender,how long was he/she on our waitlist. *

We would like to see how quickly we are able to help people in our community.

- 30 days or less
- 31-60 days
- 61-90 days
- 91-120 days
- 121-180 days
- 181 days -270 days
- 271-365 days
- Over 1 year
- N/A

What are the primary problems with this counselee *

Knowing the issues presented by the counselees and/or ascertained by you will help our elders and staff know how to minister to the body and the community. You may select more than one.

- Adultery
- Anger/Bitterness
- Anxiety/Fear/Worry
- Communication/Conflict
- Cutting/self-harm
- Deception
- Decision making
- Depression
- Divorce (responding to)
- Drug Abuse
- Drunkenness
- Eating disorders (other than gluttony)
- Faith/Doubting Faith/Salvation
- Finances
- Forgiveness
- Gaming/Electronics
- Gender Identity issues
- Gluttony
- Grief
- Guilt
- Homosexuality and Same Sex Attraction
- In-laws
- Loneliness
- Lust
- Marriage Conflict
- Parenting-adult children
- Parenting-Teens
- Parenting-Preteens
- Physical Abuse
- Physical illness/pain/Health issues
- Pornography
- Pre-Marital/Pre-Engagement
- Sex/Physical Intimacy

- sexual abuse/rape
- Other
-

If you answered "other" to the previous question, please describe the issue(s).

no response submitted

Deposit *

Did you collect the 25.00 cancellation deposit? Deposit is required unless waived by the Pastor of Counseling

- Yes
- No
-

Are you willing to be observed in this case so that our other counselors can satisfy their Investment in Excellence goals? *

It is understood that if you are still under supervision by an ACBC fellow that you must answer "NO" to this question.

- Yes
- No
-

Are you willing to co-counsel with one of our other counselors so that they can satisfy their Investment In Excellence goals? *

It is understood that if you are still under supervision by an ACBC Fellow you must answer "NO" to this question.

- Yes
- No

What day and time are you meeting with this counselee? *

Thursday nights at 5:00 p.m.

HC 2019 Counselor Graduation/Termination Form

Form to be completed when counseling with a counselee(s) terminates

Contact Information

Name:* Tony Anderson
email:* tonya@cfjjax.com

Number of counsees *

Please provide the number of counsees you were counseling in these sessions

- 1
 2
 3
 4+
-

Name of Counselee(s) *

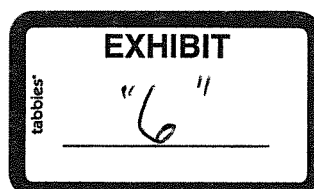
Please provide the name of the counselee(s).

Chuck Church

Co-Counsel *

Did you co-counsel with someone on this case?

- Yes
 No



Co-Counselor

Please provide the name of your co-counselor if you answered yes to the previous question.

no response submitted

If your counselee attends CFC, is this counselee a member of CFC? *

If you counseled a couple you may use choice 1 or choice 2 if both are members or if neither are a member. Answer "N/A" if counselee does not attend CFC.

- yes
 - no
 - Husband is/wife is not
 - Wife is/Husband is not
 - N/A
-

If the counselee(s) is not a CFC member or attender, is the counselee(s) a member of another bible believing church? *

To the best of your knowledge is the counselee attending another bible believing church based upon your knowledge of the church or your interaction with your counselee. Answer "N/A" if your counselee is a CFC member or attender.

- yes
 - no
 - Husband is/Wife is not
 - Wife is/Husband is not
 - N/A
-

What was the date of your last counseling session? *

September 15, 2019

How many sessions did you have with this counselee *

- 0-5
- 6-10
- 11-15
- 16-20
- more than 20

Looking backward, what best describes the primary issues addressed with this counselee(s)? *

Please check all that apply.

- Adultery
- Anger/Bitterness
- Anxiety/Fear/Worry
- Communication/Conflict
- Cutting/Self-harm
- Deception
- Decision making
- Depression
- Divorce (responding to)
- Drug Abuse
- Drunkenness
- Eating disorder (other than gluttony)
- Faith/Doubting Faith/Salvation
- Finances
- Forgiveness/Lack of Forgiveness
- Gaming/Electronics
- Gender identity issues
- Gluttony
- Grief
- Guilt
- Homosexuality/Same Sex Attraction
- In-laws
- Loneliness
- Lust
- Marriage issues
- Parenting-adult children
- Parenting-teens
- Parenting-preteens
- Physical Abuse
- Physical illness or pain/Health issues
- Pre-Marital/Pre-Engagement
- Pornography
- Sex/Physical intimacy

- sexual abuse/rape
- Other

If you answered "Other" to the question above, please describe the issue(s).

no response submitted

Please evaluate the circumstances surrounding the graduation/termination of your counseling. *

How would you classify the termination of counseling using the following scale:

- 5-Graduated based upon growth and change/No concerns
- 4-Counselee wanted to stop/No significant concerns
- 3-Counselee quit/no longer desires counseling
- 2-Counselee quit/others need to be involved
- 1-Counselor terminated counseling

Areas of Concern

If counseling terminated with a score of 1, 2 or 3 above, please provide brief statement of your areas of concern and reason for the termination of counseling

Chuck was showing growth and wanted to stop. I would have preferred to see a longer track record of being free from his habitual sin.

At the time of graduation/termination, counselee(s) was a member of a family/small group

*

At the time counseling ended, was the counselee connected to other Christians in a small group setting.

- yes
 - no
 - Husband is/Wife is not
 - Wife is/Husband is not
-

At the time of graduation/termination, counselee(s) was serving at his/her church. *

At the time counseling ended, was the counselee serving on a consistent basis (not necessarily a weekly commitment).

- yes
 - no
 - Husband is/Wife is not
 - Wife is/Husband is not
-

Counselee's Deposit *

Does this counselee have a cancellation deposit with the church?

- Yes
- No

Disbursement of the Deposit

If you answered yes to the previous question, how should the deposit be disbursed? The deposit should either be returned to the counselee or transferred to the counseling general fund because the counselee forfeited the deposit or made a donation to the Hope Center.

- Please return to counselee at the address below.
- Please transfer to the counseling general fund?

Name and address for return of deposit.

If applicable, please provide the name and address for the return of the deposit.

no response submitted
