

MOTHERLESS DAUGHTERS

Pre-Registration Interview Intake Form

Motherless Daughters Ministry PO Box 1121 • West Chester OH 45071 www.motherlessdaughtersministry.com motherlessdaughtersministry@gmail.com

Instructions:

- 1. Download the application pre-registration form.
- 2. Open this PDF in Adobe Acrobat Reader. Don't have Acrobat Reader? Click here



- 3. Respond to the questions and fill in the boxes
- 4. Save your application.
- 5. Upload your application and attach it to the email.



When we receive your application, one of the Motherless Daughters Facilitators will be in touch with you. Thank you for your interest in this program. It will be an amazing time of healing for you!



Date of inquiry _____

Program Name _____

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Program Date(s)				
Program Location				
Name			Date of Birth	
Last	Middle	First		
Address				
City		_ State	Zip	
Primary telephone	number to reach	you		
Emergency Contact	and number _			
Email				
Where did you hear	about this mini	istry?		
Use the fillable bloc	ks to begin tellir	ng us your story	:	
• Age at loss				
• Cause of mother	loss			
• Current age				
• How many years	s ago?			

Story of loss: Continue to page 2 to continue.

How loss is affecting your life?
Have you sought any other help or participated in any other groups?
Have your ever seen a professional counselor? Yes No
YES: 1. If CURRENTLY: How does this class fit into your plan of care with your counselor?
Have you talked with your counselor about participating in this program?
Waiver: Submit waiver on page 4. 2. If PREVIOUSLY: Why?
What was the outcome of your counseling?
NO: Submit your intake story. Please include your personal story of loss here:



AUTHORIZATION TO SHARE INFORMATION WITH PARTICIPANT'S MENTAL HEALTH COUNSELOR or THERAPIST

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I understand that the Motherless Daughters Ministry, Inc. is a Christian based program consisting of specially trained volunteers who serve as facilitators and leaders of the ministry. The ministry is not a counseling service and the leaders are not trained counselors or therapists.

It is important that you work in tandem with your therapist or counselor so the program you are attending will be an adjunct to your treatment plan. Hence it is important that we have your permission to do the following.

I give permission for the Motherless Daughters Ministry, Inc. Facilitators and/ or Executive Director to provide information to my mental health counselor or therapist upon request as it relates to the Motherless Daughters Ministry, Inc. program content and my participation.

Counselor Name		
Address		
Phone		
This consent is valid for the time I am in t	the Motherless Daughte	ers class as specified below:
• The Journey	Dates:	to
Emotional Absent Mother	Dates:	to
Daughters of the Narcissistic Mother	Dates:	to
Other	Dates:	to
I may revoke this consent at any time be writing. If this consent is revoked during program, I can not continue participation	the time I am participa	
Signature:		Date:
Witness		Date:



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