



**MOTHERLESS DAUGHTERS**  
*Ministry*

## **MOTHERLESS DAUGHTERS** Pre-Registration Interview Intake Form

Motherless Daughters Ministry  
PO Box 1121 • West Chester OH 45071  
[www.motherlessdaughtersministry.com](http://www.motherlessdaughtersministry.com)  
[motherlessdaughtersministry@gmail.com](mailto: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.



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***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!***

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Date of inquiry \_\_\_\_\_

Program Name \_\_\_\_\_

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 ministry? \_\_\_\_\_

Use the fillable blocks to begin telling us your story:

- Age at loss \_\_\_\_\_
- Cause of mother loss \_\_\_\_\_
- Current age \_\_\_\_\_
- How many years 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:



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**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 the Motherless Daughters 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 by notifying the Motherless Daughters' Facilitators in writing. If this consent is revoked during the time I am participating in a Motherless Daughters program, I can not continue participation in the class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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