



HEALING STREAM  
PRAYER MINISTRY

## HEALING STREAM PRAYER MINISTRY

The Integrated Approach to Ministry is a ministry to people needing short-term help. Generally there are 5 sessions for a single person and 7 sessions for a couple [1 joint session at the beginning of ministry and 1 at the end of ministry, and 5 individual sessions for each spouse], all of which are approximately 3 hours long.

**NOTE: Please use black ink and print as legibly as possible. Completed applications should be returned to Pastor Bruce Kotila or Nancy Pierce.**

**PERSONAL INFORMATION:** The following information will help the ministry team focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can. This will become a part of your confidential file.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Employed by: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Remarried \_\_\_

If married, does your spouse desire ministry? Yes \_\_\_ No \_\_\_ If not, please explain: \_\_\_\_\_

Presently living with: Parents \_\_\_ Spouse \_\_\_ Alone \_\_\_ Other \_\_\_ (Please specify) \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** Circle last year of school completed.

Elementary and High School 1 2 3 4 5 6 7 8 9 10 11 12

Post Secondary 1 2 3 4 5 6+

Degrees: \_\_\_\_\_

Are you willing to do preparatory work prior to your ministry time? Yes \_\_\_ No \_\_\_

Are you willing to do the homework assigned to you by your ministers? Yes \_\_\_ No \_\_\_

Are you willing to allow ministers in training to observe your ministry? Yes \_\_\_ No \_\_\_

Are you willing to allow ministers in training to minister to you? Yes \_\_\_ No \_\_\_  
(Qualified ministers will be present)

**SPIRITUAL / RELIGIOUS BACKGROUND:**

Have you made a commitment to Jesus Christ as Lord and Savior? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Please tell what happened: \_\_\_\_\_

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Have you received the Baptism of the Holy Spirit? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Describe your present relationship with the Lord: \_\_\_\_\_

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Please list all previous church affiliations including length of time: \_\_\_\_\_

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**MEDICAL / MINISTRY / COUNSELING BACKGROUND:**

Are you currently receiving medical treatment? No \_\_\_ Yes \_\_\_ For what purpose? \_\_\_\_\_

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Have you used drugs for other than medical purposes? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

What drugs? \_\_\_\_\_

Have you ever been in counseling / therapy / mental health care? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

With whom? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you ever taken medication prescribed for emotional reasons? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Are you currently taking medication prescribed for emotional reasons? No \_\_\_ Yes \_\_\_

What medication? \_\_\_\_\_

Have you ever had any major operations? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Reason? \_\_\_\_\_

**WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?**

<b>REASON</b>	<b>Year/Age Started?</b>	<b>REASON</b>	<b>Year/Age Started?</b>	<b>REASON</b>	<b>Year/Age Started?</b>
Abuse		Fear/Phobia		Self-esteem	
Addiction		Financial/Legal		Sexual Issues	
Anger/Aggression		Grief/Loss		Spiritual Concerns	
Church Split		Parental/Family/Child		Stress/Anxiety	
Compulsions		Loneliness		Suicide	
Depression		Premarital/Marital		Trauma	
Divorce/Separation		Relationships		Vocation	

Please comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**YOUR GOALS FOR RESTORING THE FOUNDATIONS MINISTRY:**

Please describe what change(s) you would like to make in your life and relationships as a result of coming for the Restoring the Foundations Ministry.

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**AVAILABILITY:**

Please describe what days and times you are available for ministry and what days and times you are not.

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 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_

# GENERATIONAL AND BACKGROUND QUESTIONS

## PURPOSE:

The purpose of the following questions is to help you and your Ministry Team identify Sins of the Fathers and Resulting Curses and negative patterns that may be hindering you, as well as those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or that may be openings for Demonic Oppression. Please answer the questions as honestly and as completely as you can. Use page 7 for supplemental information and/or continuation of responses.

## FAMILY BACKGROUND:

From what country or countries your ancestors originally come? \_\_\_\_\_  
\_\_\_\_\_

What are the prominent ethnic backgrounds of your ancestors? \_\_\_\_\_  
\_\_\_\_\_

What are the church backgrounds of your ancestors? \_\_\_\_\_  
\_\_\_\_\_

In what geographic areas have they primarily lived their lives? \_\_\_\_\_  
\_\_\_\_\_

Is it possible that they were connected with slavery (owners, traders, or slaves)? No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Is it possible that they were involved in unfair business practices? No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Is it possible that they were involved in the occult? No \_\_\_ Yes \_\_\_ Unknown \_\_\_

**FAMILY PATTERNS:** Please check if the following are common in your immediate or extended family.

(**Note:** Your extended family includes aunts, uncles, and cousins.)

Lack of communication between spouses

Lack of intimacy (in marriage, other)

Men dominant over women

Women dominant over men

Men/women workaholics

Success/failure cycles

Deceptive business practices

Family secrets

Business, financial, or other losses

Broken promises (in relationships/finances)

Unfilled lives and/or destinies

Abuse: \_\_\_\_\_

Addiction: \_\_\_\_\_

Co-dependency

Lack of communication between parents/child

Children favored, idolized

Children not valued, neglected

Children taking care of parents

Children dishonoring parents

Sibling rivalry, fights, feuds

Broken marriages/divorce

Pride and arrogance

Idolatry of \_\_\_\_\_

Chronic illness/sickness

Premature deaths

Most received salvation

Most were not saved

\_\_\_\_\_

**YOUR BIRTH CONDITIONS:** Please indicate if any of the following situations were present when you were conceived or during your mothers pregnancy.

- |                                                                                |                                                                             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> 1. My mother dieted                                   | <input type="checkbox"/> 13. My parents wanted a child of the opposite sex  |
| <input type="checkbox"/> 2. My mother took drugs                               | <input type="checkbox"/> 14. My mother did not want me                      |
| <input type="checkbox"/> 3. My mother smoked                                   | <input type="checkbox"/> 15. My father did not want me                      |
| <input type="checkbox"/> 4. My mother drank alcohol                            | <input type="checkbox"/> 16. I was given up for adoption                    |
| <input type="checkbox"/> 5. My mother drank caffeine                           | <input type="checkbox"/> 17. I was next child after miscarriage or abortion |
| <input type="checkbox"/> 6. My mother experienced trauma                       | <input type="checkbox"/> 18. I was conceived out of wedlock                 |
| <input type="checkbox"/> 7. My mother was raped and I was conceived            | <input type="checkbox"/> 19. There were premature delivery complications    |
| <input type="checkbox"/> 8. My mother was in poor health                       | <input type="checkbox"/> 20. Breech delivery                                |
| <input type="checkbox"/> 9. My mother lost a loved one                         | <input type="checkbox"/> 21. Cord around my neck during delivery            |
| <input type="checkbox"/> 10. My father died or left                            | <input type="checkbox"/> 22. Forceps delivery                               |
| <input type="checkbox"/> 11. There was a lot of fighting in the home           | <input type="checkbox"/> 23. Labor was induced                              |
| <input type="checkbox"/> 12. My parents were too young; not ready for children | <input type="checkbox"/> 24. I suffered loss of oxygen during delivery      |
|                                                                                | <input type="checkbox"/> 25. C-section delivery                             |

Other situations: \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL RELATIONSHIPS:** Please answer all that apply.

Natural Parents: Married  Separated  Divorced   
Rate your parent's marriage: Unhappy  Average  Happy  Very Happy   
If parents separated or divorced, how old were you at the time of the divorce? \_\_\_\_\_  
Father remarried when you were age \_\_\_\_\_. Mother remarried when you were age \_\_\_\_\_.  
You lived with: Mother  Father  Foster  Other Family Member  Whom? \_\_\_\_\_  
Step-Parents (if applicable): Married  Separated  Divorced   
Father deceased? No  Yes  How old were you at the time? \_\_\_\_\_  
Mother deceased? No  Yes  How old were you at the time? \_\_\_\_\_  
What kind of relationship did/do you have with your parents and/or step-parent(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  cont. page 7

On a scale of 1 to 10, indicate how much each parent loved you. Give examples of how they showed their love.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  cont. page 7





## Ungodly Beliefs about Myself

Read the following statements, and check the ones that you relate to, or agree with. Feel free to make adjustments or alterations to any of the wording to help make the beliefs fit you. Ask the Holy Spirit to show you other beliefs.

### Theme: Rejection, Not Belonging

- 1. I don't belong. I will always be on the outside (left out).
- 2. My feelings don't count. No one cares what I feel.
- 3. No one will love me or care about me just for myself.
- 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- 5. \_\_\_\_\_

### Theme: Unworthiness, Guilt, Shame

- 1. I am not worthy to receive anything from God.
- 2. I am the problem. When something is wrong, it is my fault.
- 3. I am a bad person. If you knew the real me, you would reject me.
- 4. I must wear a mask so that people won't find out how horrible I am and reject me.
- 5. I have messed up so badly that I have missed God's best for me.
- 6. \_\_\_\_\_

### Theme: Doing to achieve Self-Worth, Value, Recognition

- 1. I will never get credit for what I do.
- 2. My value is in what I do. I am valuable because I do good to others, because I am "successful".
- 3. Even when I do/give my best, it is not good enough. I can never meet the standard.
- 4. God doesn't care if I have a "secret life", as long as I appear to be good.
- 5. \_\_\_\_\_

### Theme: Control (to avoid hurt)

- 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- 2. The perfect life is one in which no conflict is allowed, and so there is peace.
- 3. I will isolate myself so that I won't be vulnerable to hurt, rejection, etc., any more.
- 4. I will choose to be passive in order to avoid conflict that would risk others' disapproval.
- 5. \_\_\_\_\_

### Theme: Physical

- 1. I am unattractive. God shortchanged me.
- 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- 3. It is impossible to lose weight (or gain weight). I am just stuck.
- 4. \_\_\_\_\_

### Theme: Personality Traits

- 1. I will always be \_\_\_\_\_ (angry, shy, jealous, insecure, fearful, etc.)
- 2. I will never be \_\_\_\_\_ (likable, lovable, happy, safe, content, etc.)
- 3. \_\_\_\_\_

### Theme: Identity

- 1. I should have been a boy (girl). Then my parents would have valued/loved me more, ... etc.
- 2. Men (women) have it better.
- 4. I am not complete as a man (woman).
- 3. I will never be known or appreciated for my real self.
- 4. I will never really change and be as God wants me to be.
- 5. \_\_\_\_\_

### Theme: Miscellaneous

- 1. I have wasted a lot of time and energy, some of my best years.
- 2. Turmoil is normal for me.
- 3. I will always have financial problems.
- 4. I just don't have the (time, energy, resources, \_\_\_\_\_) to fully follow God.
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

## Theme: Sonship

- \_\_\_ 1. No one will ever love me enough to take care of me.
- \_\_\_ 2. Other people don't meet my standards so I just do it myself.
- \_\_\_ 3. It's not safe to submit myself to someone else.
- \_\_\_ 4. The best way to survive is to ( \_\_\_ avoid, \_\_\_ overpower ) other people.
- \_\_\_ 5. I'm a victim of my circumstances and there is no hope of change.
- \_\_\_ 6. I'm all alone.
- \_\_\_ 7. I will always need to be strong in order to protect and defend myself.
- \_\_\_ 8. Something is wrong with me.
- \_\_\_ 9. The significant people in my life are not there for me and will not be there when I need them.
- \_\_\_ 10. I will never be a priority with those in authority over me.
- \_\_\_ 11. \_\_\_\_\_

## Ungodly Beliefs About Others

### Theme: Safety/Protection

- \_\_\_ 1. I must be very guarded about what I say, since anything I say may be used against me.
- \_\_\_ 2. I have to guard and hide my emotions and feelings. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
- \_\_\_ 3. \_\_\_\_\_

### Theme: Retaliation

- \_\_\_ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- \_\_\_ 2. I will make sure that \_\_\_\_\_ hurts as much as I hurt!
- \_\_\_ 3. \_\_\_\_\_

### Theme: Victim

- \_\_\_ 1. Authority figures will humiliate me and violate me.
- \_\_\_ 2. I will always be used and abused by other people.
- \_\_\_ 3. My value is based totally on others' judgment/perception about me.
- \_\_\_ 4. I am completely under their authority. I have no will or choice of my own.
- \_\_\_ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- \_\_\_ 6. \_\_\_\_\_

### Theme: Hopelessness/Helplessness

- \_\_\_ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- \_\_\_ 2. I have made such a mess of my life, there is no use going on.
- \_\_\_ 3. \_\_\_\_\_

### Theme: Defective in Relationships

- \_\_\_ 1. I will never be able to fully give or receive love. I don't know what it is.
- \_\_\_ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- \_\_\_ 3. If I fail to please you, I won't receive your pleasure and acceptance of me. Therefore, I must strive even more (perfectionism). I must do whatever is necessary to try to please you.
- \_\_\_ 4. \_\_\_\_\_

### Theme: God

- \_\_\_ 1. God loves other people more than He loves me.
- \_\_\_ 2. God only values me for what I do. My life is just a means to an end.
- \_\_\_ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- \_\_\_ 4. God is judging me when I relax. I have to stay busy about His work or He will abandon me.
- \_\_\_ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
- \_\_\_ 6. \_\_\_\_\_

### Other Ungodly Beliefs that I relate to or agree with:

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## Complementary / Reinforcing Ungodly Beliefs

Please check any relevant beliefs

- |                                                                                                                                                                      |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Women control the household, men control at work.                                                                                           | <input type="checkbox"/> Men don't know what to do around the house. It's easier just to do things myself.                                        |
| <input type="checkbox"/> Women are domineering and controlling.                                                                                                      | <input type="checkbox"/> Men are passive.                                                                                                         |
| <input type="checkbox"/> Women make too big of a deal about special occasions.                                                                                       | <input type="checkbox"/> Special occasions are not important to men.                                                                              |
| <input type="checkbox"/> Women are loose spenders. They can't be trusted with money. They don't have any restraint. They are always buying clothes and other things. | <input type="checkbox"/> Men are tight with their money. They don't appreciate how hard it is to keep the house supplied with food, clothes, etc. |
| <input type="checkbox"/> Women just want to talk about their feelings all the time.                                                                                  | <input type="checkbox"/> Men don't want an intimate, close relationship where a woman can share her innermost self.                               |
| <input type="checkbox"/> Women just aren't interested in making love.                                                                                                | <input type="checkbox"/> The only thing men are interested in is sex.                                                                             |
| <input type="checkbox"/> Women make having children too important. They get consumed with the children's lives.                                                      | <input type="checkbox"/> Men see children as a bother. They would rather not have them.                                                           |
| <input type="checkbox"/> My wife and children have ganged up against me. I can't even talk to my children.                                                           | <input type="checkbox"/> My husband ignores our children. He isn't interested in being close to us.                                               |
| <input type="checkbox"/> Women are just naturally more spiritual than men.                                                                                           | <input type="checkbox"/> Men are not concerned about the spiritual life of their family.                                                          |
| <input type="checkbox"/> My wife is lazy and doesn't keep the house in order.                                                                                        | <input type="checkbox"/> My husband just finds fault with my house keeping and doesn't see all that I do.                                         |

# FATHER'S SIDE OF THE FAMILY

**GGF**  
**1.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GF**  
**3.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM**  
**2.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**FAMILY TREE FACTS**  
*To help your Ministry Team understand your ancestors, please fill in the requested information for each of your two parents (F/M), your four grandparents (GF/GM), and your eight great grandparents (GGF/GGM) to the best of your knowledge. Lack of this information will not affect the ministry process.*

**FATHER**  
**7.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGF**  
**4.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GM**  
**6.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM**  
**5.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**ATTENTION:**  
 Please make a note under every person that has/had any of these known sin issues in their life:  
 1. Masonic Involvement?  
     If so, what level?  
 2. Any Miscarriages/Abortions?  
 3. Illegitimacy?  
 4. Idolatry?

# MOTHER'S SIDE OF THE FAMILY

**GGF 8.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GF 10.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM 9.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**14. MOTHER**  
 Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGF 11.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GM 13.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM 12.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

## NAMES / AGES OF YOUR SIBLINGS

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 \_\_\_\_\_  
 \_\_\_\_\_  
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**14.**

## MOTHER

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**ATTENTION:**  
 Please make a note under every person that has/had any of these known sin issues in their life:  
 1. Masonic Involvement?  
     If so, what level?  
 2. Any Miscarriages/Abortions?  
 3. Illegitimacy?  
 4. Idolatry?







**A S**

**RELIGION**

- \_\_\_ \_\_\_ Antichrist
  - \_\_\_ \_\_\_ Betrayal
  - \_\_\_ \_\_\_ Denominationalism
  - \_\_\_ \_\_\_ Division
  - \_\_\_ \_\_\_ Excessive Rules
  - \_\_\_ \_\_\_ False Faith
  - \_\_\_ \_\_\_ Hypocrisy
  - \_\_\_ \_\_\_ Injustice
  - \_\_\_ \_\_\_ Legalism
  - \_\_\_ \_\_\_ Liberalism
  - \_\_\_ \_\_\_ New Age Practices
  - \_\_\_ \_\_\_ Phariseeism
  - \_\_\_ \_\_\_ Religiosity
  - \_\_\_ \_\_\_ Religious Control
  - \_\_\_ \_\_\_ Religious Performance
  - \_\_\_ \_\_\_ Religious Slavery
  - \_\_\_ \_\_\_ Spiritual Pride
  - \_\_\_ \_\_\_ Traditionalism
  - \_\_\_ \_\_\_ Unforgiveness
  - \_\_\_ \_\_\_ Works Mentality
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**SEXUAL BONDAGE**

- \_\_\_ \_\_\_ Adultery
  - \_\_\_ \_\_\_ Bestiality
  - \_\_\_ \_\_\_ Bisexuality
  - \_\_\_ \_\_\_ Defilement
  - \_\_\_ \_\_\_ Demonic Sex
  - \_\_\_ \_\_\_ Exposure
  - \_\_\_ \_\_\_ Fantasy Lust
  - \_\_\_ \_\_\_ Fornication
  - \_\_\_ \_\_\_ Frigidity
  - \_\_\_ \_\_\_ Homosexuality
  - \_\_\_ \_\_\_ Illegitimacy
  - \_\_\_ \_\_\_ Incest
  - \_\_\_ \_\_\_ Lesbianism
  - \_\_\_ \_\_\_ Lust
  - \_\_\_ \_\_\_ Masochism
  - \_\_\_ \_\_\_ Masturbation
  - \_\_\_ \_\_\_ Molestation
  - \_\_\_ \_\_\_ Pedophile
  - \_\_\_ \_\_\_ Perversion
  - \_\_\_ \_\_\_ Pornography
  - \_\_\_ \_\_\_ Premarital Sex
  - \_\_\_ \_\_\_ Promiscuity
  - \_\_\_ \_\_\_ Prostitution / Harlotry
  - \_\_\_ \_\_\_ Rape
  - \_\_\_ \_\_\_ Sadism
  - \_\_\_ \_\_\_ Seduction / Alluring
  - \_\_\_ \_\_\_ Sexual Abuse
  - \_\_\_ \_\_\_ Sodomy
  - \_\_\_ \_\_\_ Uncleaness
  - \_\_\_ \_\_\_ Voyeurism
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**A S**

**SHAME**

- \_\_\_ \_\_\_ Anger
  - \_\_\_ \_\_\_ Bad Boy / Girl
  - \_\_\_ \_\_\_ Being Different
  - \_\_\_ \_\_\_ Condemnation
  - \_\_\_ \_\_\_ Disgrace
  - \_\_\_ \_\_\_ Embarrassment
  - \_\_\_ \_\_\_ Guilt
  - \_\_\_ \_\_\_ Hatred
  - \_\_\_ \_\_\_ Illegitimacy
  - \_\_\_ \_\_\_ Inferiority
  - \_\_\_ \_\_\_ Regret
  - \_\_\_ \_\_\_ Self-Accusation
  - \_\_\_ \_\_\_ Self-Condemnation
  - \_\_\_ \_\_\_ Self-Hate
  - \_\_\_ \_\_\_ Self-Pity
  - \_\_\_ \_\_\_ Sexual Sins
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**TRAUMA**

- \_\_\_ \_\_\_ Abuse, Emotional
  - \_\_\_ \_\_\_ Abuse, Mental
  - \_\_\_ \_\_\_ Abuse, Physical
  - \_\_\_ \_\_\_ Abuse, Sexual
  - \_\_\_ \_\_\_ Abuse, Spiritual
  - \_\_\_ \_\_\_ Abuse, Verbal
  - \_\_\_ \_\_\_ Accidents
  - \_\_\_ \_\_\_ Divorce
  - \_\_\_ \_\_\_ Imprisonment
  - \_\_\_ \_\_\_ Loss
  - \_\_\_ \_\_\_ Post Traumatic Stress
  - \_\_\_ \_\_\_ Disorder
  - \_\_\_ \_\_\_ Rape
  - \_\_\_ \_\_\_ Torture
  - \_\_\_ \_\_\_ Violence
  - \_\_\_ \_\_\_ War
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**UNBELIEF**

- \_\_\_ \_\_\_ Apprehension
  - \_\_\_ \_\_\_ Cynicism
  - \_\_\_ \_\_\_ Double Mindedness
  - \_\_\_ \_\_\_ Doubt
  - \_\_\_ \_\_\_ Fear of Being Wrong
  - \_\_\_ \_\_\_ Intellectualism
  - \_\_\_ \_\_\_ Mind Blocking
  - \_\_\_ \_\_\_ Mistrust
  - \_\_\_ \_\_\_ Rationalism
  - \_\_\_ \_\_\_ Skepticism
  - \_\_\_ \_\_\_ Suspicion
  - \_\_\_ \_\_\_ Uncertainty
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**A S**

**UNWORTHINESS**

- \_\_\_ \_\_\_ Inadequacy
  - \_\_\_ \_\_\_ Inferiority
  - \_\_\_ \_\_\_ Insecurity
  - \_\_\_ \_\_\_ Self-Accusation
  - \_\_\_ \_\_\_ Self-Consciousness
  - \_\_\_ \_\_\_ Self-Condemnation
  - \_\_\_ \_\_\_ Self-Hate
  - \_\_\_ \_\_\_ Self-Punishment
  - \_\_\_ \_\_\_ Self-Sabotage
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**VICTIMIZATION**

- \_\_\_ \_\_\_ Abandonment
  - \_\_\_ \_\_\_ Betrayal
  - \_\_\_ \_\_\_ Control
  - \_\_\_ \_\_\_ Deportation
  - \_\_\_ \_\_\_ Entrapped
  - \_\_\_ \_\_\_ Helplessness
  - \_\_\_ \_\_\_ Hopelessness
  - \_\_\_ \_\_\_ Mistrust
  - \_\_\_ \_\_\_ Passivity
  - \_\_\_ \_\_\_ Predator
  - \_\_\_ \_\_\_ Prejudice
  - \_\_\_ \_\_\_ Self-Pity
  - \_\_\_ \_\_\_ Slave Mentality
  - \_\_\_ \_\_\_ Suspicion
  - \_\_\_ \_\_\_ Trauma
  - \_\_\_ \_\_\_ Unfaithfulness
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**VIOLENCE**

- \_\_\_ \_\_\_ Abuse
  - \_\_\_ \_\_\_ Arguing
  - \_\_\_ \_\_\_ Bickering
  - \_\_\_ \_\_\_ Cruelty
  - \_\_\_ \_\_\_ Cursing
  - \_\_\_ \_\_\_ Death
  - \_\_\_ \_\_\_ Destruction
  - \_\_\_ \_\_\_ Feuding
  - \_\_\_ \_\_\_ Hate
  - \_\_\_ \_\_\_ Militancy
  - \_\_\_ \_\_\_ Murder / Abortion
  - \_\_\_ \_\_\_ Retaliation
  - \_\_\_ \_\_\_ Strife
  - \_\_\_ \_\_\_ Torture / Mutilation
  - \_\_\_ \_\_\_ War
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**SUPPLEMENTAL GROUPING**

- \_\_\_ \_\_\_
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**A S**  
 \_\_\_ \_\_\_ **OCCULT**  
 \_\_\_ \_\_\_ Abortion (Molech)  
 \_\_\_ \_\_\_ Absalom Spirit  
 \_\_\_ \_\_\_ Accident Proneness  
 \_\_\_ \_\_\_ Ahab Spirit  
 \_\_\_ \_\_\_ Animal Spirits  
 \_\_\_ \_\_\_ Antichrist  
 \_\_\_ \_\_\_ Astral Projection  
 \_\_\_ \_\_\_ Astrology  
 \_\_\_ \_\_\_ Automatic Writing  
 \_\_\_ \_\_\_ Behemoth  
 \_\_\_ \_\_\_ Black Magic  
 \_\_\_ \_\_\_ Clairvoyance  
 \_\_\_ \_\_\_ Conjuraton  
 \_\_\_ \_\_\_ Crystal Ball  
 \_\_\_ \_\_\_ Death, Suicide  
 \_\_\_ \_\_\_ Demon Worship  
 \_\_\_ \_\_\_ Dispatching Demons  
 \_\_\_ \_\_\_ Divination  
 \_\_\_ \_\_\_ Eastern Meditation  
 \_\_\_ \_\_\_ Eight Ball  
 \_\_\_ \_\_\_ ESP  
 \_\_\_ \_\_\_ Evil Eye  
 \_\_\_ \_\_\_ False Gifts (Occult)  
 \_\_\_ \_\_\_ Fortune Telling  
 \_\_\_ \_\_\_ Freemasonry  
 \_\_\_ \_\_\_ Hand Reading  
 \_\_\_ \_\_\_ Handwriting Analysis  
 \_\_\_ \_\_\_ Hexing  
 \_\_\_ \_\_\_ Horoscopes  
 \_\_\_ \_\_\_ Hypnosis  
 \_\_\_ \_\_\_ I Ching  
 \_\_\_ \_\_\_ Idolatry  
 \_\_\_ \_\_\_ Incantations  
 \_\_\_ \_\_\_ Jezebel  
 \_\_\_ \_\_\_ Leviathan  
 \_\_\_ \_\_\_ Levitation  
 \_\_\_ \_\_\_ Mediumship  
 \_\_\_ \_\_\_ Mental Telepathy  
 \_\_\_ \_\_\_ Necromancy  
 \_\_\_ \_\_\_ Non-Christian Exorcism  
 \_\_\_ \_\_\_ Occult Books  
 \_\_\_ \_\_\_ Occult Control  
 \_\_\_ \_\_\_ Occult Dedications  
 \_\_\_ \_\_\_ Occult Slavery  
 \_\_\_ \_\_\_ Occult Victim  
 \_\_\_ \_\_\_ Ouija Board  
 \_\_\_ \_\_\_ Palm Reading  
 \_\_\_ \_\_\_ Past Life Readings  
 \_\_\_ \_\_\_ Pendulum Readings  
 \_\_\_ \_\_\_ Psychic Healing  
 \_\_\_ \_\_\_ Psychic Readings  
 \_\_\_ \_\_\_ Python  
 \_\_\_ \_\_\_ Reading Tea Leaves  
 \_\_\_ \_\_\_ Reincarnation  
 \_\_\_ \_\_\_ Satanic Worship  
 \_\_\_ \_\_\_ Séances  
 \_\_\_ \_\_\_ Sorcery  
 \_\_\_ \_\_\_ Spells  
 \_\_\_ \_\_\_ Spirit of Baccus  
 (Mardi Gras)

**A S**  
 \_\_\_ \_\_\_ **OCCULT (cont.)**  
 \_\_\_ \_\_\_ Spirit Guide(s)  
 \_\_\_ \_\_\_ Spiritualism  
 \_\_\_ \_\_\_ Superstition  
 \_\_\_ \_\_\_ Table Tipping  
 \_\_\_ \_\_\_ Tarot Cards  
 \_\_\_ \_\_\_ TM  
 \_\_\_ \_\_\_ Trance  
 \_\_\_ \_\_\_ Using Third Eye  
 \_\_\_ \_\_\_ Vampire  
 \_\_\_ \_\_\_ Voodoo  
 \_\_\_ \_\_\_ Water Witching  
 \_\_\_ \_\_\_ Werewolf  
 \_\_\_ \_\_\_ White Magic  
 \_\_\_ \_\_\_ Wicca  
 \_\_\_ \_\_\_ Witchcraft  
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**HAVE YOU EVER**

\_\_\_ \_\_\_ Cast a Spell or Hex  
 \_\_\_ \_\_\_ Drank Blood or Urine  
 \_\_\_ \_\_\_ Heard Satanic Rock Music  
 \_\_\_ \_\_\_ Heard Violent Rap Music  
 \_\_\_ \_\_\_ Had Masonic Jewelry  
 \_\_\_ \_\_\_ Had Occult Jewelry  
 \_\_\_ \_\_\_ Had Occult Books  
 \_\_\_ \_\_\_ Had Witchcraft Books  
 \_\_\_ \_\_\_ Had Pagan Fetishes  
 \_\_\_ \_\_\_ Heard Voices  
 \_\_\_ \_\_\_ Heard "Kill Yourself"  
 \_\_\_ \_\_\_ Joined a Coven  
 \_\_\_ \_\_\_ Made a Blood Pact  
 \_\_\_ \_\_\_ Made a Blood Oath or Vow  
 \_\_\_ \_\_\_ Participated in Martial Arts  
 \_\_\_ \_\_\_ Played Dungeons &  
 Dragons  
 \_\_\_ \_\_\_ Seen a Sacrifice  
 \_\_\_ \_\_\_ Seen Demons  
 \_\_\_ \_\_\_ Seen Horror Movies  
 \_\_\_ \_\_\_ Selected a Guru  
 \_\_\_ \_\_\_ Used Mantras  
 \_\_\_ \_\_\_ Visited Pagan Temples  
 \_\_\_ \_\_\_ Visited Indian Burial  
 Grounds

**FAMILY INVOLVEMENT IN**

\_\_\_ \_\_\_ Armstrong Radio Church  
 \_\_\_ \_\_\_ Bahai  
 \_\_\_ \_\_\_ Buddhism  
 \_\_\_ \_\_\_ Buffaloes  
 \_\_\_ \_\_\_ Christadelphians  
 \_\_\_ \_\_\_ Christian Education Society  
 \_\_\_ \_\_\_ Christian Science

**A S**  
 \_\_\_ \_\_\_ College Fraternities  
 \_\_\_ \_\_\_ College Sororities  
 \_\_\_ \_\_\_ Daughters of Eastern Star  
 \_\_\_ \_\_\_ Daughters of the Nile  
 \_\_\_ \_\_\_ DeMolay Lodge  
 \_\_\_ \_\_\_ Druids  
 \_\_\_ \_\_\_ Eagles Lodge  
 \_\_\_ \_\_\_ Eastern Religions  
 \_\_\_ \_\_\_ Edgar Cayce  
 \_\_\_ \_\_\_ Elks Lodge  
 \_\_\_ \_\_\_ Foresters  
 \_\_\_ \_\_\_ Grange  
 \_\_\_ \_\_\_ Hari Krishna  
 \_\_\_ \_\_\_ Hinduism  
 \_\_\_ \_\_\_ Indian Occult Rituals  
 \_\_\_ \_\_\_ Inner Peace Movement  
 \_\_\_ \_\_\_ Islam  
 \_\_\_ \_\_\_ Jehovah's Witness  
 \_\_\_ \_\_\_ Job's Daughters Lodge  
 \_\_\_ \_\_\_ Kabbalah  
 \_\_\_ \_\_\_ KKK  
 \_\_\_ \_\_\_ Knights of Columbus  
 \_\_\_ \_\_\_ Knights of Malta  
 \_\_\_ \_\_\_ Knights of Pythias  
 \_\_\_ \_\_\_ Knights Templar  
 \_\_\_ \_\_\_ Mafia  
 \_\_\_ \_\_\_ Moonies  
 \_\_\_ \_\_\_ Moose Lodge  
 \_\_\_ \_\_\_ Mormonism  
 \_\_\_ \_\_\_ Mystic Order of the Veiled  
 Prophets of the Enchanted  
 Realm  
 \_\_\_ \_\_\_ New Age Movement  
 \_\_\_ \_\_\_ Odd Fellows Lodge  
 \_\_\_ \_\_\_ Orange Lodge  
 \_\_\_ \_\_\_ Order of the Red Cross  
 \_\_\_ \_\_\_ Rainbow Girls Lodge  
 \_\_\_ \_\_\_ Rebekahs Lodge  
 \_\_\_ \_\_\_ Religious Science  
 \_\_\_ \_\_\_ Riders of the Red Robe  
 \_\_\_ \_\_\_ Rosicrucianism  
 \_\_\_ \_\_\_ Santeria  
 \_\_\_ \_\_\_ Satanism  
 \_\_\_ \_\_\_ Scientology  
 \_\_\_ \_\_\_ Shamanism  
 \_\_\_ \_\_\_ Shintoism  
 \_\_\_ \_\_\_ Shriners  
 \_\_\_ \_\_\_ Silva Mind Control  
 \_\_\_ \_\_\_ Spiritualism  
 \_\_\_ \_\_\_ Swedenborgianism  
 \_\_\_ \_\_\_ Theosophy  
 \_\_\_ \_\_\_ Unitarian Church  
 \_\_\_ \_\_\_ The Way International  
 \_\_\_ \_\_\_ White Shrine  
 \_\_\_ \_\_\_ Woodmen of the World  
 \_\_\_ \_\_\_ \_\_\_\_\_  
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## EXPECTATIONS OF YOUR COMMITMENT

Your Restoring the Foundations Ministry Team will be making a major commitment to you; first as they schedule their time to be available to you, and also as they pray, prepare, and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time to ministry sessions and by completing assignments given to you as part of your ministry. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you, and that you will cooperate fully with the Restoring the Foundations Ministers and with the Holy Spirit, in order to maximize your receiving God's help.

We ask you, by your signature, to commit to one month of serious prayer and Bible time following the completion of your ministry. This would include one hour per day (at least five days per week) devoted to prayer and Bible reading. This hour should include at least fifteen minutes of prayer and meditation on your new Godly Beliefs.

We also ask you to agree to call your ministry team two weeks and four weeks after your ministry, to report your progress, to obtain any needed prayer and support, and to be accountable as you meditate on your Godly Beliefs.

## WAIVER OF LIABILITY AND CONFIDENTIALITY

I understand that I will be seeing Restoring the Foundations Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they **are not licensed or professional pastors or counselors. I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing. I hereby waive any and all claims of liability arising out of my participation in this ministry.** I accept that they may refer me to a pastor, counselor, and/or other agency in the community.

I am aware that all statements that I shall make to the Restoring the Foundations Ministers are of a confidential nature, including all written information, and that certain medical information is protected by HIPPA. I am aware that legally and ethically my information may not be disclosed without my written consent, however, **I waive my right to confidentiality** at the discretion of the Restoring the Foundations Ministers, particularly for the following situations:

- I acknowledge and accept that Pastors, counselors, Restoring the Foundations Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
- I acknowledge and accept that they are also encouraged or required by law to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child, an elder person or any other person at risk.
- I acknowledge and accept that the Restoring the Foundations Ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first.

**By my signature below, I acknowledge that I have read and understand the "Waiver of Liability and Confidentiality" and that I accept the stated conditions and limits of confidentiality. I understand that I am executing this "Waiver of Liability and Confidentiality" voluntarily. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading and meditation for at least 30 days on my Godly Beliefs, and the two and four week progress report.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

**Your copy on page 19**

**PLEASE KEEP THIS COPY FOR YOUR REFERENCE AND RECORDS**

**EXPECTATIONS OF YOUR COMMITMENT**

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\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name