



VINTAGE CARE MINISTRY INTAKE FORM

Name: *First* _____ *M.I.:* _____ *Last* _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ cell / home / work (circle one)

Gender: male / female (circle one) Birthdate: _____

Church Attending: _____ Membership Status: Member
 Non-Member

Have you participated in the Vintage Care Ministry in the past? Yes / No

Approximate date of last participation? _____

Are you currently seeing a therapist or counselor? Yes / No

What is your desired result from the Vintage Care Ministry?



Do you attend a community group/small group affiliated with any local Church? Yes / No

If you participate in Vintage's Community Groups, who is your leader? _____

Have you attended any of Vintage's Classes? Yes / No

If so, which one(s)? _____

Do you serve on a Vintage Team(s)? Yes / No

If so, which one(s)? _____

Please check any of the following that currently apply to you:

<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Criminal Record	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Suicidal	<input type="checkbox"/>	Heart Palpitations
<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Physically Abusive	<input type="checkbox"/>	Recent Loss	<input type="checkbox"/>	Suicide Attempts	<input type="checkbox"/>	Increase in Appetite
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Addictive Behavior	<input type="checkbox"/>	Molested	<input type="checkbox"/>	Sleep Disturbance	<input type="checkbox"/>	Decrease in Appetite
<input type="checkbox"/>	Violent	<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Physically Abused	<input type="checkbox"/>	Sexual Promiscuity	<input type="checkbox"/>	Involvement in the occult

FIDUCIARY AGREEMENT:

For the value of the time spent ministering to you, there is a requested contribution. You may contribute via cash, check, or credit/debit card (3% transaction fee applies) at the time of your appointment. Checks can be payable to Vintage City Church with Vintage Care Ministry in the memo line. The cost of Life Coaching and Spiritual Formation is \$50.00 per hour. The cost of SOZO is \$65.00 for the first hour and \$50 for every hour after (SOZO sessions typically take 2 hours). The cost of Counseling is \$115.00 per hour. If you are experiencing a financial hardship that prevents you from participating in the Vintage Care Ministry, please provide the nature of your hardship in the email you attach this form to.

Please sign this application form and send it to care@vintagecitychurch.com. As soon as your paperwork is received, we will contact you to schedule an appointment. On a case-by-case basis, remote appointments may be considered and accommodated.

Signature

Date