

For office use only:	Date Received: _____	Date to start Refuge: _____
SCN <input type="checkbox"/>	NTWK <input type="checkbox"/>	MYPC3 <input type="checkbox"/>
	RSTR <input type="checkbox"/>	XL <input type="checkbox"/>

## REFUGEE INFORMATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Current Address: (where you currently live)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Housing:

Permanent     Temporary     Half-Way House -Name /Location: \_\_\_\_\_

Permanent Address: (if not listed above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom do you live when at your permanent address?

Alone     Parent(s)     Spouse     Children     Boy/Girlfriend     Roommates     Other \_\_\_\_\_

#### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:     Male     Female

Primary Phone Number: \_\_\_\_\_ May we leave a message at this number?     Yes     No

Secondary Phone Number: \_\_\_\_\_ May we leave a message at this number?     Yes     No

Email Address: \_\_\_\_\_ May we contact you by email?     Yes     No

Occupation/Employer: \_\_\_\_\_     Full-Time     Part-Time

Education/Degree Earned: \_\_\_\_\_ Referred by: \_\_\_\_\_

Marital Status:  Single     Engaged     Married     Separated     Divorced     Widowed

### RELIGIOUS INFORMATION

Is Port City Church your home church?  Yes     No    If yes, how long? \_\_\_\_\_

If not, where do you attend? \_\_\_\_\_ Denomination: \_\_\_\_\_

How often do you attend church?     Weekly     Bi-Monthly     Monthly     Holidays

Church attended in childhood: \_\_\_\_\_ Denomination: \_\_\_\_\_

Do you believe in God?     Yes     No     Not Sure    Do you pray?     Frequently     Sometimes     Never

Have you accepted Jesus Christ as your Personal Savior?     Yes     No     Not sure what you mean

Do you read the Bible?     Frequently     Sometimes     Never    Are you in a PC3 Small Group?     Yes     No

If yes, who is your leader? \_\_\_\_\_ May we contact them?     Yes     No

## MARRIAGE & FAMILY INFORMATION

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: *(if different)* \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_  Full-Time  Part-Time

Education/Degree Earned: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Is your spouse willing to come with you to Refuge?  Yes  No

Date of Marriage: \_\_\_\_\_ Ages When Married: Yours: \_\_\_\_\_ Spouse's \_\_\_\_\_

Have you and your spouse ever been separated?  Yes  No  Currently When? \_\_\_\_\_

Have you been married before?  Yes  No If yes, briefly explain situation and length of marriage \_\_\_\_\_

Please list children below (if applicable):

Child's Name	Age	Gender	Lives at Home?	Highest Education	Specifics:

Specifics = PM (previous marriage), A (adopted), MC (miscarriage), D (deceased)

## HEALTH INFORMATION

Have you been counseled at PC3 before?  Yes  No If so, when/who? \_\_\_\_\_

Have you ever been in a recovery program/rehabilitation center?  Yes  No

Please give basic information on your previous rehabilitation, if applicable: *(use additional page if necessary)*

Age	Program or Center	Duration	Situation & Diagnosis

Do you drink alcohol?  Yes  No How often? \_\_\_\_\_ How much? \_\_\_\_\_

Do you have difficulty sleeping at night?  Yes  No How many hours do you get? \_\_\_\_\_

Current state of health:  Very Good  Good  Average  Bad Other \_\_\_\_\_

Are you currently under a physician's care?  Yes  No If so, list current medical condition(s): \_\_\_\_\_

Please list current medications *(if applicable)*:

Name of Medication	Prescribed For:	Been taking since:

**CURRENT SITUATION**

Why are you specifically seeking Refuge? \_\_\_\_\_  
\_\_\_\_\_

Please give a brief description of your history with regards to this struggle. \_\_\_\_\_  
\_\_\_\_\_

What are your goals for Refuge? \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR CARE**

Your **REFUGE COUNSELORS** are Christians with training and experience in applying the truths the Bible presents.

We **BELIEVE** the Bible points us to a person and a relationship – Jesus Christ as our Savior and Redeemer. We believe that lasting change comes when a person sees themselves through the lens of that relationship and allows the Holy Spirit to mold and transform their heart.

Your **CONFIDENTIALITY** is an area that we take very seriously. We will carefully guard the information you entrust to us to the fullest extent possible. There are times, however, when it may be necessary for us to share certain information with others.

Examples include, but are not limited to, the following:

1. Where a person refuses to renounce a particular sin, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22, 24:11; Matthew 18:15-20). In such cases, we will reveal only such information as is necessary for such purposes, and only to those Biblically required to be involved.
2. Where an individual is, or has, been involved in activity that threatens the safety, structure, or integrity of a ministry of the church; the Biblical counselor may disclose details necessary to the ministry director and/or Leadership staff.
3. Where a Biblical counselor is uncertain as to how to address a particular issue, he/she may seek counsel from a staff pastor or another Biblical counselor.
4. Where an individual threatens harm to himself or another person, it may be necessary to intervene in order to prevent such harm. The law may also require a counselor to reveal spousal or child abuse, or some other crime, to the appropriate authorities.
5. Observers may sit in on sessions, either to assist in the process or for training purposes.

I, \_\_\_\_\_ have read and understood Port City Community Church's (PC3) documentation regarding the Refuge Ministry. I am enrolling myself in this ministry of my own will and understand that PC3 may terminate my acceptance in the program due to displays of violent behavior, threats of violence, involvement in criminal behavior, arriving in an altered state of mind or other similar issues.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_