



love in action

FAMILY FREEDOM

3 – DAY INTENSIVE PROGRAM

APPLICATION

1 - Family Freedom Intensive Application



Dear Friend,

Congratulations on beginning the application process for the Family Freedom Intensive. It is encouraging and humbling to see people willing to make them vulnerable enough to admit they need help. In your recovery process we pray you will discover that God is the God of where you are right now. He will never bully you into doing things you're not ready for, but will gently and lovingly nudge you toward each successive step of faith. Take heart: the fact that you're about to complete this application shows that God has already brought you a long way!

Many applicants to *The Source* program struggle with feeling isolated from other people, and some firmly believe that "God alone can heal me". The idea of opening up to someone else about their internal struggles, especially another Christian, may strike them as quite foreign. If you struggle with these feelings, you may find God challenging that mindset from the very start, even as you answer the questions on this form.

As He draws you out of isolation and takes you through the process of becoming honest about your brokenness, you will find (perhaps to your surprise!) that healing will begin to come through other people. God will use others to pour his mercy, grace and love into your life, and the more he pours out the more you will find you have something to give back to others. At Love in Action you will learn that God doesn't heal in a vacuum. He brings healing as we grow more deeply connected to others in the Body of Christ.

As you prayerfully answer the questions in this application, we want to encourage you: you are applying to be part of a redemptive Christian environment where other believers will be invested in your recovery. As you experience growth and healing, you will become invested in theirs as well. We pray that at this crucial time in your life you will press into God and His Body to find your true fulfillment, posturing yourself to receive the many blessings we know He has for you.

In His Grip,

The LIA Staff

admin@loveinaction.org

LOVE IN ACTION INTERNATIONAL, INC
PO BOX 343418 • BARTLETT, TN 38184-3418
(901) 751-2468 • (877) 320-5217 • (901) 751-1922 (FAX)
www.loveinaction.org

APPLICATION INSTRUCTIONS/PROCESS

If you have received your application in the mail, please complete within 30 days of receipt. This will ensure that the information submitted is up to date and accurate. Please call or e-mail if you have any questions or concerns regarding the requirements.

COMPLETING THE APPLICATION PROCESS

Please examine each section and their instructions carefully. We will not be able to process your application unless all aspects have been successfully completed. Please mail, email, or fax your application to us along with the following items to our contact information at the bottom of this page.

1. A recent photo of family either together or individually (taken within the last six months)
2. A photocopy of your Driver's License or State ID
3. Application Processing Fee (non-refundable) of \$25.00 made payable to LIA, *fee will be applied to your program fee if accepted.*

SELECTION PROCESS:

Once all requirements have been submitted to the Love in Action International, Inc. Selection Committee, they will review and respond with a decision promptly. When you have been accepted, you will need to submit your non-refundable deposit to secure your placement. If, at the time, you are accepted and there is not a space available, you will be placed on a waiting list.

Submitting an application does not mean automatic selection.

THE SOURCE FINANCIAL POLICY & AGREEMENT

PROGRAM:

1. **Family Freedom Intensive (3 Days):** Participants in the Family Freedom program reside off-campus and attend their program at the Love in Action campus from 9:00 – 5:00 PM Thursday thru Saturday. During these hours, participants will sit in on a group teaching with the Counselor and be given assignments to complete each evening. Participants receive a set of tools that will empower them to embrace their identity in Christ and reconnect with God in a deeper way.

Cost - \$500.00/per person (Max. \$1,500.00) Non-refundable Deposit - \$200 Application Fee - \$25.00

We require a 2-week Notice if you need or want to cancel your Program.

Program fees are due prior to arrival or on start date. Any exceptions will be made by the Executive Director.

FINANCIAL SUPPORT – At times, our clients choose to raise financial support to assist with their program fees. Your family & friends may contribute tax-deductible funds on your behalf to our Scholarship Fund. We purpose to use donations received into the Scholarship Fund as intended by the provider. The contributions are non-refundable and if the client chooses to leave the program pre-maturely, the funds will be used by Love in Action in other areas of need including a scholarship fund for other clients. **If your supporters would like to contribute to our Scholarship Fund, they must:**

1. Make their checks payable to Love in Action
2. Leave the "Memo" section blank and include a separate note stating they would like to support you
3. Mail their donation directly to us at: Love in Action, PO Box 343418 Memphis TN 38184-3418

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NO-REFUND POLICY – Under no circumstances will refunds be offered for any segment of the fees for the Family Freedom Intensive program including the Application Fee, the Deposit, the Program Fees, and any Donations given on your behalf.

I (applicant's name) _____ am applying for the program selected above. If accepted, I agree to submit the entire balance of my program fees on my start day or before arriving at Love in Action International, Inc. I recognize that fees are my responsibility, regardless of who may actually be paying the fees. I also acknowledge that my start date will only be confirmed after Love in Action International, Inc. has received my non-refundable reservation deposit. I further acknowledge that I have read and accept Love in Action International, Inc.'s **Refund Policy**. I understand that, should I choose to break this contract, I may be dismissed from the program.

Parent 1 Printed Name: _____ Date: _____

Parent 1 Signature: _____

Parent 2 Printed Name: _____ Date: _____

Parent 2 Signature: _____

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Please answer the following questions honestly without conferring with another parent. This form will remain confidential. We will **NOT** share specifics of your responses with your child although we may share some concepts included in your answers. Please print:

Parent Application I

PART I – PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

Your relationship with your son/daughter is: Close Distant Strained Other: _____

Please explain: _____

If Married/Separated:

Years Married: _____

If you are divorced or separated, how long have you been separated or divorced? _____

Children (if more than 3, please attach a separate sheet):

Names	Ages	Relationship with Child Attdg FFI (close, distant, etc).
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 2 – SPIRITUAL INFORMATION

Do you attend a local church now? Yes No If “No”, please explain why not: _____

If “Yes”, give name of church: _____

Denomination: _____

How long have you been attending this church? _____

Please check all that apply to your church involvement:

Sunday Attendance Mid-Week Service Weekly Bible Study Group

Other Activities: _____

Name of Pastor you are closest to (First & Last Name): _____

Have you told your pastor about your interest in being a part of *The Source* program? Yes No

If “No”, please explain why not: _____

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PART 3 – CHILD’S(ADULT) STRUGGLES

Describe your initial response to the knowledge of your son/daughter’s issues with sexual immorality or other life dominating struggles: _____

Has your response changed? Yes No If “Yes”, please explain: _____

Do you believe that your child’s sexual and/or destructive behaviors (drugs, alcohol, etc) are sinful and/or inappropriate?
 Yes No Why or Why Not? _____

“I believe some of the major issues contributing to my son/daughter’s sexual immorality or other sin struggles could be...” _____

Does your son or daughter desire to take part in the Family Freedom Intensive? Yes No
In what ways do you feel you could show or currently do show your support towards his/her pursuit of freedom?

Are you aware of other problems in your son’s or daughter’s life that we should know about, that could interfere with his/her involvement in the program? Yes No If “Yes”, please explain: _____

Are there any relational difficulties between the applicant and any of his/her siblings that you believe would be important to discuss with your Love in Action counselor? Yes No If “Yes”, please explain: _____

In the blank section provided at the top of the next page, please write the following: in a concise narrative, describe the relationships and events you see as having played an important role in your son or daughter’s formation and development. Be sure to give ample space to problematic relationships and traumatic events that you believe are connected to your child’s current struggles. **Please print legibly or type!**

Please answer the following questions honestly without conferring with another parent. This form will remain confidential. We will **NOT** share specifics of your responses with your child although we may share some concepts included in your answers. Please print:

Parent Application 2

PART 1 – PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

Your relationship with your son/daughter is: Close Distant Strained Other: _____

Please explain: _____

If Married/Separated:

Years Married: _____

If you are divorced or separated, how long have you been separated or divorced? _____

Children (if more than 3, please attach a separate sheet):

Names	Ages	Relationship with Child Attdg FFI (close, distant, etc).
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 2 – SPIRITUAL INFORMATION

Do you attend a local church now? Yes No If “No”, please explain why not: _____

If “Yes”, give name of church: _____

Denomination: _____

How long have you been attending this church? _____

Please check all that apply to your church involvement:

Sunday Attendance Mid-Week Service Weekly Bible Study Group

Other Activities: _____

Name of Pastor you are closest to (First & Last Name): _____

Have you told your pastor about your interest in being a part of *The Source* program? Yes No

If “No”, please explain why not: _____

PART 3 – CHILD’S(ADULT) STRUGGLES

Describe your initial response to the knowledge of your son/daughter’s issues with sexual immorality or other life dominating struggles: _____

Has your response changed? Yes No If “Yes”, please explain: _____

Do you believe that your child’s sexual and/or destructive behaviors (drugs, alcohol, etc) are sinful and/or inappropriate?
 Yes No Why or Why Not? _____

“I believe some of the major issues contributing to my son/daughter’s sexual immorality or other sin struggles could be...” _____

Does your son or daughter desire to take part in the Family Freedom Intensive? Yes No
In what ways do you feel you could show or currently do show your support towards his/her pursuit of freedom?

Are you aware of other problems in your son’s or daughter’s life that we should know about, that could interfere with his/her involvement in the program? Yes No If “Yes”, please explain: _____

Are there any relational difficulties between the applicant and any of his/her siblings that you believe would be important to discuss with your Love in Action counselor? Yes No If “Yes”, please explain: _____

In the blank section provided at the top of the next page, please write the following: in a concise narrative, describe the relationships and events you see as having played an important role in your son or daughter’s formation and development. Be sure to give ample space to problematic relationships and traumatic events that you believe are connected to your child’s current struggles. **Please print legibly or type!**

RELEASE OF LIABILITY AND AUTHORIZATION TO PERFORM BACKGROUND CHECK

I hereby authorize Love in Action International, Inc. to perform, if Love in Action staff members deem it necessary, a check of my background, including criminal record, personal references, and any other persons or sources as appropriate for consideration for the *Family Freedom 3-Day Intensive*. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for the *Family Freedom 3-Day Intensive* and that all such information collected during the check will be kept confidential. I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability for the *Family Freedom 3-Day Intensive* and such other information, as they deem appropriate.

I acknowledge that I have voluntarily applied to the *Family Freedom 3-Day Intensive* at Love in Action International, Inc. I will participate in those components of the program that require my participation including, but not limited to, worship, teaching, discipleship, counseling, group interaction, self study.

I understand that neither the *Family Freedom 3-Day Intensive* nor the ancillary teachings or family counseling are intended to be a substitute for psychiatric treatment, psychotherapy, or professional therapeutic counseling. Love in Action International, Inc. recommend and encourage parents to seek any additional assistance they may need. I agree that Love in Action International, Inc. is not responsible for any lack of, or additional choice of, any professional treatment or counseling pursued or not pursued. Love in Action International, Inc. is not responsible for any future outcome or related behavior that may manifest in the life of a client.

If accepted to participate in the *Family Freedom 3-Day Intensive* or in any affiliated activities or programs, we hereby agree that any heirs, assigns, guardians, administrators, executors, legal representatives, and the life will not make any claim against, sue or seek to attack the property of Love in Action International, Inc. or any of its affiliated organizations as a result of the negligence of or actions of Love in Action International, Inc. employees, agents, officers, directors, participates, volunteers, or other affiliates.

I hereby release Love in Action International, Inc. and any of its affiliated organizations or programs, from liability for any injury (physical, emotional, or mental) or damage resulting from participation in the *Family Freedom 3-Day Intensive* or any other affiliated Love in Action International, Inc. program, group, or activity. I furthermore agree to hold blameless Love in Action International, Inc. and any affiliated or activities from any and all actions, claims, or demands, that I, parents and guardian, heirs, assigns, administrators, executors, legal representatives, and the like may, at any time make.

I have read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Love in Action International, Inc. and/or its affiliated organizations and I sign it of my own free will.

Parent 1 Printed Name: _____ Date: _____

Parent 1 Signature: _____

Parent 2 Printed Name: _____ Date: _____

Parent 2 Signature: _____



CONSENT TO RELEASE INFORMATION FORM

In order for Love in Action International, Inc. to communicate with any person (including a spouse or parent) about your involvement with LIA, a **Consent Form** needs to be completed by you, in its entirety. This form provides LIA your consent and authorization to share information regarding your involvement with this ministry to the people or organizations you specify below. Be sure to complete each section (A, B, C): **DO NOT LEAVE ANY SECTION BLANK!** If you have questions, please contact the Love in Action International, Inc. Business Office **before submitting.**

A Pursuant to Federal Guidelines concerning my right to confidentiality, I authorize Love in Action International, Inc. to release information concerning my stay at Love in Action and/or participation in *The Source 4-Day Intensive* to the following people and/or organization:

B I specifically consent to the release of the following types of information concerning my stay at Love in Action and/or participating in *Family Freedom Intensive* (e.g. "all information", "general info only", etc.)

C I understand that I may revoke this consent to release information any time. However, I also understand that any release which has been prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when the following date, event, or condition occurs, at which time no expressed revocation shall be needed to terminate my consent.

By signing below, I acknowledge that I have read, I understand and I agree to Love in Action International, Inc.'s Consent to Release Information Form.

Applicant's Printed Name: _____ **Date:** _____

Applicant's Signature: _____

Witness's Signature: _____ **Date:** _____

CHILD(ADULT) APPLICATION: Please answer each question as honestly as possible. We want an accurate assessment of you and your walk with Christ. If you choose to print this application and fill it out by hand:

Please Print Legibly.

PART I – PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

Sex: Male Female

What are you currently struggling with? (Please check as many as apply to you):

- Internet Pornography Sexually explicit internet communication with legal adults
- Meeting strangers for sex Sexually aggressive or violent behavior
- Outbursts of Anger Destroying property
- Animal torture or abuse Stalking
- Same Sex Attraction Heterosexual Brokenness

Have you ever confided to someone in authority (other then your parents) about your current struggle? Yes No

If "Yes", please list: _____

What did they do with the information? _____

PART 2 – HEALTH AND OTHER INFORMATION

Do you have any physical limitations that might keep you from functioning in the *Family Freedom Intensive*? (You will need to be able to: sit upright in a chair, focus for up to 1.5 hours, hear, understand, read and write English) Yes No

If "No", please explain. _____

Have you ever been hospitalized? Yes No If "Yes", for what reason? _____

Have you ever had, been diagnosed with, or been treated for any of the following:

- | | | | |
|--|---|-----------------------------------|---|
| STD | Mental/Emotional | Medical | |
| <input type="checkbox"/> Crab Lice | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Genital Warts | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Anxiety Attacks | <input type="checkbox"/> Ulcers | |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Depression | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Schizophrenia | | |
| | <input type="checkbox"/> Other: _____ | | |

If "Yes", on any of the above, when and for how long? _____

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Are any of these still a problem for you? Yes No If "Yes", which one(s)? _____

Are you presently taking any prescribed medication? Yes No If "Yes", please explain: _____

Are you taking any over-the-counter medication? Yes No If "Yes", please explain: _____

Have you taken any illegal drugs? Yes No If "Yes", what and when was the last time you used them? _____

Do you still use or struggle with wanting to use illegal drugs? Yes No Still Use Struggle

Our program is a tobacco-free program, do you smoke or chew tobacco? Yes No

If "Yes", have you ever tried to quit? Yes No Do you desire to quit? Yes No

Our program is an alcohol-free program, do you drink alcoholic beverages? Yes No

If "Yes", have you ever tried to quit? Yes No Do you desire to quit? Yes No

Have you ever attended a program for alcoholics? Yes No When and Where? _____

Would you consider yourself in recover? Yes No

If "Yes", how long have you been sober? Drugs: _____ Alcohol: _____

Have you ever contemplated suicide? Yes No If "Yes", please explain: _____

Have you ever practiced self-mutilation (cutting, burning, etc.)? Yes No If "Yes", please explain: _____

Please complete if female:

Have you ever been pregnant? Yes No If "Yes", how many times? _____

How many pregnancies were carried to full term? _____

Have you ever had abortion? Yes No If "Yes", how many and date of each one: _____

PART 3 – LEGAL INFORMATION

Have you ever been arrested for any reason? Yes No If "Yes", please explain: _____

Do you have legal matters pending at this time (warrants, unpaid tickets, criminal investigations, etc)? _____

Before answering the remaining questions in Part 3, **please carefully read the following notice:**

Confidentiality: A federal law mandates that we honor your confidentiality. This means that we cannot share any of your personal information unless you sign a release for us to do so. There are some exceptions to confidentiality that we want to clarify up front. We may disclose personal information without your consent or authorization in the following circumstances:

1. **Child Abuse:** If we have knowledge of any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition of such a nature as to reasonably indicate brutality, abuse, or neglect, we are required by law to report such harm immediately to the Tennessee Department of Children's Services or to the judge having juvenile jurisdiction, or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Also, if we have reasonable cause to suspect that a child has been sexually abused, we must report such information.
2. **Adult and Domestic Abuse:** If we have reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, we are required by law to report such information to the Tennessee Department of Human Services. An example of adult abuse might be abuse by nursing home staff. In case of domestic abuse (TCA 36-3-62), voluntary reporting may be done without disclosing the name or identity of the client.
3. **Serious Threat to Health and Safety:** If you communicate to us an actual threat of bodily harm against a clearly identified victim (including yourself) and we determine or reasonably suspect that you have the apparent ability and/or are likely to commit such an act unless prevented from doing so, we are required to take reasonable care to protect, warn of, or exercise precautions to protect the identified victim from your stated or suspected intention of violent behavior.

Have you ever been charged with a sexual offense? Yes No If "Yes", please explain: _____

Has your behavior ever resulted in disciplinary action at school? Yes No If "Yes", please explain: _____

In the blank section provided at the top of the next page, please write a **Personal Biography** – please include the following in your Personal Biography:

- a. Some family history, including your current relationship with your father & mother
- b. Your Church/Spiritual Experience and/or Salvation Experience
- c. Describe your sexual history including:
- d. Please describe your history of any physical, sexual, and/or emotional abuse
- e. Include any traumatic events that have taken place that might have led to your current struggle

