FIRM FOUNDATION
biblical counseling

Firm Foundation Biblical Counseling Application

For Freedom Equip & Disciple Culture in-take form

Directions for application & in-take form

Please take your time to prayerfully fill out this application completely and neatly.

- On a separate sheet of paper please submit a brief (1-2 page) typed testimony:
- Describe your life before you became a Christian.
- Describe the events that led to you giving your heart to the Lord (date and age at time if applicable).
- Describe how your life has changed since becoming a Christian.
- Describe what has led you to the point of seeking biblical counseling.

Personal Information

Full Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Spiritual Information

Church and Denomination: _____

Pastor's Name: _____ Does Pastor know about the problem? [ ] Yes [ ] No

How many services do you attend per month? _____

Are you saved? [ ] Yes [ ]No [ ] Uncertain

How often do you read your bible? [ ] Daily [ ] Occasionally [ ] Rarely [ ]Never

Do you have a consistent daily prayer time? [ ] Yes [ ] No

If so when and how long do you spend in concentrated prayer: _____

Health Information

Rate your health [ ] Good [ ] Average [ ] Declining [ ] Poor

Are you on any medications? [ ] Yes [ ] No. If so, which ones and what do you use them for? List any side-effects affiliated with the medication.

_____
_____
_____
_____

Emotional & Personal Information

What prompted you to seek biblical counseling?

_____
_____
_____
_____
_____

Do you have specific areas of struggle you would like to focus on and walk through with your biblical counselor?

_____
_____
_____
_____

What are your expectations of your biblical counselor?

_____
_____
_____

List the three biggest problems you face in life and your three biggest fears

(1) _____ (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

List 5 specific ways you want God to change you. Be concise.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

What does an intimate relationship with Jesus look like to you?

_____

_____

_____

What do you say about Jesus Christ and your personal relationship with Him?

_____

_____

_____

_____

Have you had any abortions or miscarriages? [ ] Yes [ ] No. If so, please list how many of each and your age when you had them?

_____

_____

_____

Have you been sexually abused? [ ] Yes [ ] No. If so, what age and how long did this continue?

_____

_____

_____

Have you been in any homosexual relationships or had any homosexual experiences?

[ ] Yes [ ] No. If so, please describe the nature of this.

Have you ever practiced any occult activities including, Ouija board, levitation, freemasonry, meeting with physics or mediums, crystals, sage, new age, universalism, wicca, fraternity, sorority, etc. If so, list all you've experienced or participated in.

Have you used or do you use drugs? If so, list them whether prescription or illegal. Include how long you used them.

Have you or do you drink alcohol? If so, how many drinks per week?

Please circle all ungodly experiences you have had or beliefs you have about yourself or God: rejection, not belonging, unworthiness, guilt, shame, self-worth, value, control, physical appearance, identity, safety, felt unprotected by God, retaliation, victim, hopelessness, helplessness, defective in relationship, anger, bitterness, resentment, issues with God as the Father, God as the Son or God as the Holy Spirit.
If you want to elaborate on any of the ungodly beliefs you've circled, please list below.

Have you experienced demonic activity or torment? If so, explain below.

Family Information

Do you work outside the home? [ ] Yes [ ] No

If yes, describe: _____

Are you in charge of your finance or if married is your spouse? _____

Are you married? [ ] Yes [ ] No. If so, how long have you been married?

_____

Have you been divorced? [ ] Yes [ ] No. If so, list all marriages and divorces.

_____

_____

_____

If applicable, list how many children you have, including ages and gender.

_____

_____

_____

Any additional information you would like to share?

_____

_____

_____

_____

_____

Firm Foundation accepts payments through CashApp, Venmo, PayPal, or by credit card as well as Disciple Nations, our covering ministry https://disciplenations.net/missionaries/eskridge

If sending donation through Disciple Nations contact us so we can verify funds were

received.

12-week Individual counseling $800

12-week Marriage counseling $1,200

Per session Individual $75

Per session Marriage counseling $100

Sessions last 30-45 min and can be done through Google Meets, Phone, and some in person if local.

This page must be filled out and signed completely.

Commitment, Referral, and waiver of liability and confidentiality

I understand that FFBC matches me up with a certified biblical counselor, biblical counselor in training or a disciple partner with the ministries of For Freedom Equip or Disciple Culture. I agree to participate for the entire period. If the counselor is in the FFBC training program information about each session will be shared with FFBC training supervisor. I understand refunds are not available.

I commit to meeting whether in person, through video chat or by phone or text for the time frame my biblical counselor or discipleship mentor sets once I begin the counseling/discipling process. I am committed to creating space for daily prayer time and daily time to be in bible study.

I understand I do not have the answers to my problems, but the Word of God has the answers, and my counselor or discipleship coach will walk through struggles with me pointing me to God's Word.

I understand that FFBC and partnering ministries requests and/or requires me to share with my pastor the situation to help further my healing process.

I agree to remain teachable and open to biblical reproof.

I agree to release Firm Foundation Biblical Counseling LLC, For Freedom Equip, and Disciple Culture in consideration for these counseling/discipleship services from all claims, demands, actions, or causes of actions, whatsoever, in law or equity which I may have.

I understand and acknowledge that no warranties or guarantees are made in connection with any of the biblical counselors with or training through Firm Foundation Biblical Counseling LLC.

I understand that the counselors of Firm Foundation Biblical Counseling or discipleship partners with For Freedom Equip and Disciple Culture are not accredited or licensed psychologists, and that I will be receiving spiritual guidance and discipleship as it pertains to different areas of my life.

I understand that any information I give to the counselors or counselors in training with Firm Foundation Biblical Counseling or their partnering ministries will remain confidential, except in the case of ongoing activity where safety of others is at stake or other legal mandate applies.

As a part of my biblical counseling with Firm Foundation Biblical Counseling LLC. and partnering ministries For Freedom Equip and Disciple Culture, I agree to the following terms. I agree that my major biblical counseling goal is to glorify God with my life. I understand that becoming suicidal keeps me from this. I refuse to act on suicidal urges or urges to injure myself. If at any time (7 days a week, 24 hours per day) I should begin to have suicidal thoughts or intents, I agree to the following:

I will contact _____ at #_____ first, if not available, I will contact _____ at #_____ or call 911. I have stated and believe that my motive and means to harm myself is decreased to the point I am not in imminent danger to harm myself.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: _____ Date: _____