

Healing a Mother's Heart Retreat Application

Healing a Parent's Heart Retreat Application

Desert Hope Ministries

8771 Wolff Court, #210

Westminster, CO 80031

Phone: 303-429-2100

www.janellehallman.com

www.deserthope.com

Today's DATE: _____

Please indicate which retreat you would like to attend:

July 23-25, 2010 _____ (parents of sons or daughters)

November 12-14, 2010 _____ (mothers of daughters only)

Personal Information

Name(s): _____ Age(s): _____

Address: _____ City/State/Zip: _____

Phone Home: _____ May I call you here? Y / N

Work: _____ May I call you here? Y / N

Work: _____ May I call you here? Y / N

Cell: _____ May I call you here? Y / N

Cell: _____ May I call you here? Y / N

Email address(es): _____

Marital Status

Current Marital Status: Married (# of years: _____) Single Divorced

If married, name of spouse: _____

Names and ages of all children: _____

Church

Name of current church and denomination (if attending one): _____

Are you comfortable discussing spiritual issues within a group? _____

Are you comfortable with prayer in a corporate setting? _____

Previous Therapy and Overall Health

Have you consulted a therapist before? Y / N

If yes, please provide dates, length and purpose of therapy: _____

Are you currently taking any medications? Y / N If yes, please list: _____

Are you sleeping normally? Y / N If no, please describe: _____

Is your appetite normal? Y / N If no, please describe: _____

Have you ever had or do you currently have a major or chronic illness? Y / N If so, please describe:

Are you currently experiencing any health problems? Y / N

If yes, please describe: _____

Are you currently under the care of a physician? Y / N

Name and phone number of medical doctor: _____

Name and phone number of nearest relative or close friend you want me to contact if there is an emergency situation: -

Your Child

What is the name and age of your child who has same-sex attraction?

How long have you known about your child's homosexuality? _____

Please describe your current relationship with your child (both parents reply) _____

At this time, is your child embracing a gay identity, or are they experiencing conflict with their same-sex attraction?

Is your son or daughter currently in a relationship with another person of the same sex? _____

Describe the family environment during your child's first 4 years of life. _____

In your knowledge, did your child experience any trauma during childhood?

Are there any other concerns, circumstances or comments you would like to share about yourself, your marriage or your child? _____

What are the issues you would like to see discussed over this weekend? _____

Please complete application and mail as soon as possible with a \$200 deposit to:

(You may use a major credit card - contact Gretchen in Janelle's office - or make checks payable to:)

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Parents retreat: Total \$679 per couple

Mothers retreat: Total \$499 per mother

Cancellation Policy: If you cancel prior to three weeks of the retreat, you will receive \$180 of your deposit. If you cancel within three weeks of the retreat and your spot is not filled, you will forfeit your \$200 deposit.

For more information please visit:

www.janellehallman.com

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