

Healing a Parent's Heart Retreat Application

Desert Hope Ministries

8771 Wolff Court, #210

Westminster, CO 80031

Phone: 303-429-2100

Email: info@deserthope.com

www.deserthope.com

www.janellehallman.com

Today's DATE: _____

Please indicate the date of the retreat you would like to attend: _____

Personal Information

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

Address: _____ City/State/Zip: _____

Phone Numbers:

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

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

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

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

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

Email address(es): _____

SKYPE 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
(Both parents to complete this section)

Have you consulted a therapist before? Y / N If yes, please provide dates, length and purpose of therapy: .

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 with same-sex attraction: _____

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? Comment: _____

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? _____

The cost of the retreat is **\$679 per Couple or \$379 per Parent. Please complete this application and mail it with a \$200 deposit to:**

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You may pay your deposit with a major credit card by contacting Gretchen at the Desert Hope office.

Remaining balance is due at the time of the retreat.

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.deserthope.com
www.janellehallman.com