RACHEAL’S REST



5 – DAY RETREAT PROGRAM

 CHILD APPLICATION

Racheal’s Rest

Dear Friend,

We welcome the opportunity to work with you and your child as your family continues the process of healing. It is encouraging to see your courage and your willingness to be vulnerable enough to reach out for help. Rest assured that God will meet you and your child where you are and we will join Him and you in your quest to restore what this experience has taken from both of you.

We understand the fears and struggles of childhood sexual abuse. We hope that even as you complete this application, feelings of hope and connection will emerge. We believe that only through Christ and connection with other survivors can a victim of sexual abuse find real healing. Your child will be in an atmosphere of learning social skills, personal empowerment and developing their own confidence. You will find validation, strength and encouragement though other believers and our family support group time.

The fact that you have made the decision to contact us means that God is guiding your steps and bringing into your life the very resources and people you and your child need. Whether dealing with legal issues, divided family loyalties or the myriad of symptoms common to child abuse, you will find help here. We welcome you and thank you for the privilege of entering into your journey and walking alongside you both as you face the challenges ahead of you.

All children’s retreats require a non-offending female adult to attend with the child. This adult must be a support person, concerned about helping the family heal and above all be a stable, constant force in the child’s life. Without this kind of help, a child is left to his own devices to struggle through a devastating experience. Please know that this retreat is as helpful for you as for the child. We stand ready to answer your questions and walk alongside you, just as we are for your child.

In His Service,

The Racheal’s Rest Staff

Application Instructions/Process

Please call or e-mail if you have any questions or concerns regarding the requirements. Please examine each section and instructions carefully. We will not be able to process your application unless all aspects have been 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.** **Your personal information** – Please include the following in your Personal Information on separate sheets of paper:

a. Some family history, including your current relationship with your father and mother. b. Your current relationship with your spouse and children c. Your Church/Spiritual experience and/or salvation experience d. Describe your history of physical, sexual, and/or emotional abuse e. What specific areas of support or instruction do you desire to receive in our program? f. What are your expectations for your child and for yourself from the 5 days we spend together?

 2. A recent photo of you and of your child taken within the last six months

 3. A photocopy of your Driver’s License or Birth Certificate and a photocopy of your child’s birth certificate.

 4. Three references: One from a spiritual Leader/Mentor who has known you for at least 2 years. Two can be from friends, relatives, business associates, or counselors who have known you for at least 2 years.

 5. Application Processing Fee (non-refundable) of $25.00 made payable to CCCM, Inc. Fee will be applied to your program fee if accepted.

**Selection Process:**

Once all requirements have been submitted to CCCM, Inc. Selection Committee, they will review and respond with a decision promptly. When you have been accepted and your 5-day scheduled, 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, as we must do all we can to insure the emotional and physical safety of all participants.**

**Racheal’s Rest Financial Policy and Agreement**

**Program:**

1. 5-Day Retreats include food and lodging, 20 hours of group counseling, recreational therapy, and transportation to local attractions. It does not include transportation to or from the facility. While the children have their group time together, the attending support persons will meet with another counselor for family support and education to learn how to best support the child’s and family’s continued recovery. You and your child will share a private bedroom.

Total Cost – $2500.00 Non-refundable Deposit - $500 Application Fee - $25

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

**Program Start Dates:** June 10-14, 2013. The next retreat will be held in Gatlinburg, Tennessee for girls. The boys retreat will be held on June 17-21, 2013.

**Financial Support:**

At times, our clients choose to raise financial support to assist with their program fees. Your family and friends or your church may contribute tax-deductible funds on your behalf to our Scholarship Fund, earmarked for you. Their contributions are tax-deductible, but are non-refundable if you should choose to leave the program pre-maturely. Those funds would then be used to help another applicant. If your supporters would like to contribute to our Scholarship Fund, they must:

 1. Make their checks payable to CCCM, Inc. 2. Include a separate note stating they want this amount to support you. 3. Mail their donation directly to us at: CCCM, Inc. 1301 Shiloh Road Suite 610, Kennesaw, Georgia 30144.

I, ( your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am applying for the Racheal’s Rest program selected above for myself and my child. If accepted, I agree to submit the entire balance of my program fees before arriving at Racheal’s Rest. I recognize that fees are my responsibility, regardless of who may actually be paying the fees. I also acknowledge that my housing and or start date will only be confirmed after CCCM, Inc. has received my non –refundable reservation deposit. I further acknowledge that I have read and accept CCCM, Inc.’s Refund Policy. I understand that, should I choose to break this contract, I and my child may be dismissed from the program.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer each question as honestly as possible. Print legibly – using blue or black ink.

**PART 1 – PERSONAL INFORMATION**

Full Legal Name of adult support person accompanying child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_Engaged \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Widowed

**Children (if more than 3, please attach a separate sheet):** Names Ages Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2 – CHILD’S PERSONAL INFOMATION**

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ State/zip :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Age:\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Name of school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 3 – SPIRITUAL INFORMATION**

Does child attend a local church now? \_\_Yes \_\_No If Yes, please give name of church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check all that apply to his/her church involvement: \_\_\_Sunday Attendance \_\_\_ Other Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P**ART 4 –SYMPTOMS CHILD IS EXHIBITING:** Children respond in different ways to sexual abuse. Typical symptoms and behaviors are listed below. Check all that apply before and after the abuse.

SYMPTOM BEFORE THE ABUSE AFTER THE ABUSE

Difficulty sleeping \_\_\_\_\_\_\_\_\_\_\_\_ Nightmares \_\_\_\_\_ Can’t stop thinking of the abuse \_\_\_\_\_\_ Startles easily, jumpy \_\_\_\_\_\_ Unusually clingy; Afraid to be alone Avoids certain people, places \_\_\_\_\_\_ Daydreams, spaces out \_\_\_\_\_\_\_\_\_\_\_\_\_ Difficulty concentrating Very forgetful \_\_\_\_\_\_ Says doesn’t remember the abuse Seems mostly happy Seems mostly sad \_\_\_\_\_\_\_\_\_\_\_\_\_ Approaches strangers too easily\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Abuses drugs/alcohol Says doesn’t like self or body Acts younger than his/her age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hides food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wets bed or soils self\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urinates in places other than toilet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refuses to go to bathroom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Washes self excessively\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acts out the abuse in his/her play\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggressive with others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destructive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lies/steals \_\_\_\_\_\_ Fascinated with fires or sets fires \_\_\_\_\_\_ Unusual tics or mannerisms Hurts animals on purpose Hurts self on purpose Talks about or has attempted suicide Shows little or no emotion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stomachaches, physical complaints Change in eating habits \_\_\_\_\_\_\_\_\_\_\_\_\_ Frequent tantrums Very demanding of attention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has few friends/gets teased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any fears or phobias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 5 RESPONSE TO DISCOVERY**

How did you first learn that your child had been sexually abused?

How did you react when you learned about it? What did you say to your child about it?

Who else knows about the abuse? How have they reacted to it? Who believes your child? Is there anyone who feels your child is lying?

Have there been any significant changes in your child’s life since people found out about it? If so, how does your child feel about these changes?

Was your child seen by a social worker/the police/ a doctor? If so, how did your child react?

Describe what your child was like before the sexual abuse:

Describe what your child is like now:

How do you feel toward the abuser?

How do you think your child feels toward the abuser?

What do you think your child needs now?

Who are the people your child feels closest to?

Is there anyone that your child seems frightened of since the sexual abuse?

Are there any situation/places that your child seems frightened of now?

When a child has been molested, there may be certain things that trigger memories of the abuse, such as particular smells, tastes, or sounds. Is there anything (sight, smells, sounds) that seems to trigger or remind your child of the sexual abuse? If so, how does your child react to these triggers?

**PART 5 - HEALTH AND OTHER INFORMATION**

In the event of an emergency, additional contact person:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address (Include city, state, and zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best phone numbers to reach them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Does child have any physical limitations that might keep him or her from functioning at this retreat? \_\_Yes \_\_No. If “No” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has child ever been hospitalized for mental health care? If so, please explain why and how the experience affected him/her. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Is this child currently diagnosed with any of the following:

\_\_Anorexia \_\_Asthma \_\_Bulimia \_\_Bipolar disorder \_\_Panic Attacks \_\_High Blood Pressure \_\_Depression \_\_Anxiety \_\_Insomnia \_\_Schizophrenia \_\_Migraines \_\_ADD \_\_ADHD \_\_Developmentally Delayed \_\_Reactive Attachment Disorder \_\_Oppositional Defiance Disorder

If “Yes” on any of the above, how will any of these conditions affect his/her participation and interaction in a group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is child on any medications \_\_ Yes \_\_No If “Yes” please list below. Name of Medication Recommended Dosage
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 6 - Your child’s Story:** Relationship ofthe offending party to the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age or age range of offender at time of abuse. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age or age range of child at time of abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What name does the child use to refer to the abuser ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What type of abuse did he/she suffer? \_\_\_ Physical touch \_\_\_visual (showing pornography, revealing private parts, masterbating, etc.) \_\_\_ Psychological (telling dirty jokes, referring to child’s body in a sexual way, videotaping child naked, etc. ) Briefly explain what happened to your child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 7 – Support System and Counseling History**

In order to determine if Racheal’s Rest is a good fit for your child at this point in his or her life, we would like to consult with their counselor or others who have provided care. We will not do so without your express written consent. If you allow CCCM, Inc. to contact members of his/her support network please sign your name where indicated for each individual listed. **1. Support group:** Name of Group Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have legal authority to grant permission and I agree to allow Crossroads Center for Christian Ministries, Inc. to contact the above named support group leader in order to determine my child’s suitability for the Racheal’s Rest Program.

 **2. Professional Counselor :**  Name of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow Crossroads Center for Christian Ministries, Inc. to contact the above named counselor in order to determine my child’s suitability for the Racheal’s Rest Program.

**3. Pastoral Counselor:** Name of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow Crossroads Center for Christian Ministries, Inc. to contact the above named counselor in order to determine my child’s suitability for the Racheal’s Rest Program.

**Part 8 - Legal Information** Is child involved in any legal proceedings:\_\_Yes \_\_No If “Yes” please list dates and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there involvement with Department of Family and Children’s Services or Child Protective Custody ? Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidentiality: We do everything possible to honor your confidentiality and that of your child. By signing this application, you acknowledge that you will honor the trust placed in you by other group members. Although we cannot control what individual group members do, we make every effort to stress confidentiality to all members. As leaders of CCCM, Inc. we are mandated by law to report certain offenses. These include: 1) Child Abuse: If we have knowledge of any child who is abused or neglected.

2) Adult or Domestic Abuse: In cases where an adult is not able to protect herself or himself, (such as nursing home abuse) a report may be made either voluntarily or as required by law.

3) Serious Threat to health of Safety: If you or your child 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 likelihood of committing such an act unless prevented from doing so, we are required to take reasonable care to protect the identified victim from your stated or suspected intention of violent harm.

**Be advised that your involvement in any of the following will automatically eliminate you from being able to attend Racheal’s Rest as a non-offending guardian.** It would not eliminate you from attending a women’s retreat if you are yourself a victim of sexual abuse. Check all that apply. \_\_Pedophilia \_\_Sex with Minors \_\_Child Pornography Are you required to register as a sex offender? \_\_Yes \_\_No.

**Part 9 - Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have voluntarily applied to the Racheal’s Rest Retreat Program at Crossroads Center for Christian Ministries, Inc. to participate in and to allow my child to participate in worship, teaching, group counseling, voluntary individual counseling, and/or recreational therapy. I understand that I alone will be responsible for my choices and activities my ward will participate in during scheduled free time.

I understand this is only a step in my child’s healing process and is not a substitute for ongoing professional counseling, medication, or psychiatric treatment. I am voluntarily participating in the activities of Racheal’s Rest, with full knowledge of the facts stated herein, and I hereby agree to accept complete responsibility for my own psychological, mental and emotional well-being, and any and all risks attendant thereto incurred by myself or my child.

If Crossroads Center for Christian Ministries, Inc. or any of its affiliate organizations accepts me for participation in its activities, I hereby agree that I, my heirs, assigns, guardians, administrator, executors, legal representatives and the like, shall not make any claim against, sue or seek to attack the property of Crossroads Center for Christian Ministries, Inc. or any of its affiliated organizations, as a result of my participation in these activities; nor shall I , my heirs, assigns, guardians, administrators, executors, legal representatives, and the like make any claim against, sue or seek to attack the property of Crossroads Center for Christian Ministries, Inc. or any of its affiliated organizations as a result of the negligence or any other acts of any Crossroads Center for Christian Ministries, Inc. employees, agents officers, directors, participates, volunteers, or other affiliates.

I, on behalf of myself, my heirs , assigns, guardians, administrators, executor, legal representative, and the like, hereby release Crossroads Center for Christian Ministries , Inc. and any of its affiliated organizations from liability for any injury )Physical, emotional, or mental )I or damage resulting from my participation in the Racheal’s Rest program; I furthermore release CCCM any of it affiliated organizations from any and all actions, claims, or demands that I, my heirs assigns, guardians, administrators, executors, legal representative, and the like may, at any time, make .

I have read this agreement and fully understand its content, I am aware that this is release of liability and a contract between me and Crossroads Center for Christian Ministries, Inc. and /or its affiliated organizations and I sign it of my own free will.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you complete this application yourself? \_\_Yes \_\_No If “No”, who helped you? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Release Information Form**

In order for CCCM, Inc to communicate with any person (including a spouse or parent) about yours or the child’s involvement with CCCM, Inc. a Consent Form needs to be completed by you in its entirety. This form provides CCCM, Inc. your consent and authorization to share information regarding your child’s 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 CCCM, Inc Business office before submitting.

A

Pursuant to Federal Guidelines concerning my right to confidentiality, I authorize Crossroads Center for Christian Ministries, Inc. to release information concerning my or my child’s stay at Racheal’s Rest and/or participation in the Racheal’s Rest 5 day retreat to the following people and/or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B

 I specifically consent to the release of the following types of information concerning my or my child’s stay at Crossroads Center for Christian Ministries, Inc. and /or participating in Racheal’s Rest. ( e.g. “all information”, “general info only”, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C

 I understand that I may revoke this consent to release information at 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 agree to Crossroads Center for Christian Ministries, Inc. Consent to Release form.

Child Applicant’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_