

FORWARD

Participant Info and Demographic Screener

This tool is used in order to determine whether or not the support group will be helpful to the individual. It is not used to discriminate or to prevent a particular individual from being a member. Soul Care strives to ensure members receive the most beneficial care possible.

Following completion, it will be reviewed by the Soul Care Director or designee and kept in a secure location. The information in this form will remain confidential.

Name: _____ Date: _____

Phone Number: _____ Email: _____

Age: _____ Ethnicity: _____

Have you participated in a support group before? ____ Yes ____ No

If yes, which group and when: _____

Are you an **active** member of a Citygroup? ____ Yes ____ No ____ I want to be!

Are you currently being disciplined by anyone? ____ Yes ____ No ____ I want to be!

Are you currently being treated for any mental health conditions?
(medication, therapy, etc.) ____ Yes ____ No

Are you currently on any medication for **mental health** reasons? ____ Yes ____ No

If yes, please list _____

Are you currently using alcohol or illicit drugs as a coping mechanism? ____ Yes ____ No

Have you ever been a victim of or been in the presence of :

____ Domestic violence/abuse

____ Forced viewing of pornography or
sexual acts

____ Sexual assault, rape, or molestation

____ Child abuse or neglect

If yes, please briefly explain _____

Currently, how are you fighting temptation regarding sexual sin? _____

Do you have hobbies/activities you do when fighting temptation? ____ Yes ____ No

If yes, please briefly explain _____

In what ways do you best learn and or process? (writing, drawing, etc.) _____

Participant Printed Name: _____

Participant Signature _____

Director Signature _____