



**FRESH START FOR ALL NATIONS  
CHILD/TEEN CONFIDENTIAL INVENTORY**

Attach  
Photo  
Here  
(optional)

In order for us to better understand your child's/teen's need, please fill out the following inventory as completely as you can. Feel free to use the back of these pages if you need more space for further details.

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_

**HOME & FAMILY INFORMATION:**

Male       Female

Child's/Teen's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

With whom does the child/teen live? \_\_\_\_\_

Parent(s): \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Or Legal Guardian(s): \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Or Stepparent(s): \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Daytime phone number(s) where we can make follow-up contact:

Parent(s): \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_

Stepparent(s): \_\_\_\_\_

Visitation agreement: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING:**

*As approved Fresh Start Servant Leaders we do not represent ourselves as licensed or professional counselors. We do, however, seek to help people in a caring and encouraging way according to God's Word, and to that end, we disciple and counsel accordingly.*

**I understand that the Servant Leaders of Fresh Start For All Nations are not professional or licensed counselors, therapists, medical, or psychological practitioners. I acknowledge that I am seeking this help of my own volition, that I have no financial responsibility for any help received, and that I am free to discontinue at any time.**

**I have read and I acknowledge the above Statement of Understanding.**

\_\_\_\_\_  
Signature of  Parent /  Guardian

\_\_\_\_\_  
Date

**STATEMENT OF CONFIDENTIALITY:**

*The following Statement of Confidentiality must be read and signed before this request for Fresh Start Ministry can be processed.*

All information you share with the Fresh Start Servant Leader during appointments is considered confidential and will not be disclosed to anyone unless one or more of the following exceptions apply:

1. We believe that it is in the best interest of the child/teen and the parent/guardian to keep the parent/guardian informed of the content of the session(s). The parent/guardian is God’s appointed authority over the child/teen (Ephesians 6:1-3). We do not want to undermine that authority but rather facilitate a Godly working relationship between parent/guardian and child/teen.
2. If we have reason to suspect that a child/teen has been subjected to neglect and/or abuse, we are required by State Law to report those suspicions to the proper authorities.
3. Whenever we are required by a Court of Law to release confidential information.
4. When the applicant personally requests that we discuss or release information to others. In this case, before releasing any information, we require that the applicant complete and sign a **Consent and Release** form authorizing us to comply with his/her request.
5. If we have reason to suspect that an applicant is intending to take harmful or dangerous action against himself/herself or another person, it is the Fresh Start Servant Leader’s responsibility to report it to the **Fresh Start For All Nations** executive leadership and to warn appropriate individuals of such intentions.
6. It is understood that Fresh Start Servant Leaders may, at various times, need to consult with one another and/or with executive leadership concerning the issues, circumstances and needs of applicants.

**I have read and I acknowledge the above Statement of Confidentiality.**

\_\_\_\_\_  
**Signature of:  Parent /  Guardian**

\_\_\_\_\_  
**Date**

**STATEMENT OF PARENTAL/GUARDIAN PERMISSION TO PROVIDE FRESH START MINISTRY:**

*When the applicant is 18 years of age or younger (or until the child/teen reaches the legal **Age of Majority**), signed permission from the parent or guardian is required for **Fresh Start For All Nations** Servant Leaders to provide individual ministry for the applicant.*

**I have read the above statement, and my signature below indicates that I am granting permission for my child/teen to receive Individual Ministry through *Fresh Start For All Nations*.**

\_\_\_\_\_  
**Signature of:  Parent /  Guardian**

\_\_\_\_\_  
**Date**

**INVENTORY: (to be filled out by the applicant at the discretion of the Fresh Start Servant Leader)**

**CHURCH INFORMATION:**

- Do you currently attend a Church?  Yes  No
  - If yes, for how long? \_\_\_\_\_
  - Name and denominational affiliation of the church you are presently attending: \_\_\_\_\_  
\_\_\_\_\_
  - What ministries at your church are you involved in?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Pastor's name: \_\_\_\_\_ Church phone number: \_\_\_\_\_
  - Is your pastor aware of your child's need? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL INFORMATION:**

- Child is currently attending \_\_\_\_\_ School and is in grade \_\_\_\_\_  
Teacher's name is: \_\_\_\_\_

**GENERAL INFORMATION:**

- Is there any other significant relationship (positive or negative) in this child's life? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What do you hope to gain by having your child meet with a Fresh Start Servant Leader? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR INVENTORY:**

- Briefly describe the situation that has caused you to consider having your child meet with a Fresh Start Servant Leader.

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- What changes or symptoms do you see in the child's behavior? \_\_\_\_\_

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- How long has this behavior been occurring? \_\_\_\_\_

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- Has there been any problem with nightmares? If so, how often? \_\_\_\_\_

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- Has there been any change in personality? Explain. \_\_\_\_\_

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- Has your child received previously, or is he/she now receiving counseling or therapy?

If yes, please list:

- Counselor's name: \_\_\_\_\_

- Counselor's office phone number: \_\_\_\_\_

- When – current or previous (approximate dates) \_\_\_\_\_

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**EMOTIONAL SYMPTOMATOLOGY:**

■ Check the following if it applies:

- Withdrawal
- Isolation
- Depression
- Fear
- Excessive sleeping
- Loss of sleep
- Change in eating habits
- Anger
- Aggressive behavior
- Rage
- Suicidal
- Destructive to self or others
- Inappropriate affect (Example: Child laughing in a situation when a child would normally cry.)
- Inappropriate sexual touching or verbalization of terms (to describe the body or sex acts) not appropriate to the child's age or experience.
- Bizarre behavior (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL BACKGROUND:**

- Is the child being treated for any medical problems presently? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What medications is the child taking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has the child ever experienced any serious illnesses? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Has the child been evaluated or identified with any of the following:

**NEUROLOGICAL** – Please check as appropriate:

- Mentally handicapped
- Slow learner
- Gifted
- Hearing
- Sight
- Speech problems

**PHYSICAL** – Please check as appropriate:

- Bed wetting
- Chemical imbalance
- Diabetes
- Gynecological problems
- Neurological
- Physical handicap
- Physical abnormalities (birthmarks, etc.)
- Psychosomatic disorders (migraines, disabling aches and pains, stomach and skin problems)

**BEHAVIORAL AND RELATIONAL** – Please check as appropriate:

- Feelings of inferiority
- Poor basic trust
- Unresolved identifications and fixations (becoming fearful, unnaturally agitated, etc. by a “trigger” – something that would not normally “set a person off”)
- Difficulties in establishing and maintaining relationships
- Shame, guilt and fear of social disapproval
- Abrupt changes in behavior – sudden periods of quiet or depression, unusual belligerence or disobedience – any extremes that are not usual to the child’s personality
- Teachers pointing out unusual behavior patterns which have not been noticed at home (children often “act out” a problem on the playground or in the classroom)
- An air of secrecy, hiding sexual material or being vague about whereabouts or activities
- Obsessive talk about a person known or unknown to the family or a sudden unreasonable intolerance of such a person
- The unexplained appearance of gifts or material goods not given by members of the family

■ What kind of bonding took place with this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Has the child experienced a death or loss of any significant person or relationship in his/her lifetime? \_\_\_\_\_  
If more than one, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Has there been any interest in the occult or satanic rituals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

