

**Phase 1 Application for Group Membership**

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| Name: | | | | | Date: |
| Email: | | | | | Phone: |
| Street Address: | | | | City/State/Zip: | |
| Age: | | |  | | |
| Marital Status: Single Married Widowed Divorced Separated | | | | | |
| Emergency Contact: | | Name:  Relationship:  Phone: | | | |
| Do you have a church you are connected to? Yes No | | | | | |
| Name of church: | | | | | |
| Are you seeing a professional therapist? Yes No | | | | | |
| If yes, counselor’s name:  Reason for counseling: | | | | | |
| If you have a mental health diagnosis, what is it? | | | | | |
| Why are you signing up for this support group?  How did you hear about The Ultimate Journey?  Please list all names and relationship of relatives and close friends participating in this Phase 1 group:  Please list all psychiatric medications and purpose for taking: | | | | | |
| I acknowledge my answers on this form are true. | | | | | |
| Signature: |  | | | | |