

**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:  |  |