

Heaven's Garden Ministries

Application for Inner Healing/Prayer Ministry

Heaven's Garden Ministries is an inner healing and prayer ministry designed to minister to individuals and married couples who desire a deeper walk with God, but have places in their lives that need healing, deliverance and restoration.

Your prayer ministers will be making a major commitment to you as they pray, prepare and spend time with you. In return, it is expected that you will be on time to your ministry sessions, or if you need to miss a session, that you will let them know as soon as possible. It is also expected that you will have a sincere desire to overcome whatever is hindering you and that you will cooperate fully with the prayer ministers and with the Holy Spirit in order facilitate receiving God's healing for your life.

At the completion of the ministry, your prayer ministers will assist you in planning for ongoing support and accountability so that you will obtain the maximum benefit possible from your ministry time. This will enable you to continue to grow and mature in your Christian walk.

Waiver of Liability and Confidentiality

I understand that I will be seeing Christian prayer ministers who will listen, support, encourage and pray with and minister to me in order to help me overcome my issues and grow in my Christian life. I accept that these **prayer ministers are not licensed professionals**. I accept that they may refer me to a pastor, counselor, support group and/or other agency in the community.

I am aware that all statements that I shall make to the Christian prayer ministers are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to confidentiality at the discretion of my prayer ministers, particularly in the following situations:

My ministers may consult with the church pastors concerning their ministry to me.

I understand and accept that the prayer ministers are mandated by law to report to the appropriate person, agency, or civil authority any harm or potential harm that a person may attempt or desire to do to one's own self, or others, or any reasonable suspicion of physical or sexual abuse being done or having been done to a minor child.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Confidentiality and I accept the stated conditions and limits of confidentiality.

Signature: _____ **Date:** _____

Printed Name: _____

Please return completed and signed application to:

Heaven's Garden Ministries
61182 Forest Meadow Pl
Bend, OR 97702
heavensgardenministries@gmail.com
(541) 241-7650

Personal Information:

The following information, which will become a part of your confidential file, will help the prayer ministers to focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can.

Name: _____ Birth Date: _____ M ___ F ___

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___

Presently living with: Parents ___ Spouse ___ Alone ___ Other _____

Occupation: _____ Employed by: _____ Hours/Week _____

Describe your personal purpose in life:

Family Background:

Natural Parents: Married ___ Separated ___ Divorced ___

Rate your parents' marriage: Unhappy ___ Average ___ Happy ___ Very Happy ___

If separated or divorced, how old were you when this occurred? _____

If applies: Father remarried when you were age ___ Mother remarried when you were age ___

You lived with: Mother ___ Father ___ Foster Family ___ Other Family Member ___

What kind of relationship did/do you have with your parent(s)?

Father deceased? No ___ Yes ___ How old were you at the time? _____

Mother deceased? No ___ Yes ___ How old were you at the time? _____

Educational Background:

Circle last year of school completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12

College/University: 1 2 3 4 5 6+

Marital Background:

Name of Spouse: _____ Occupation: _____

Is your spouse willing to participate in ministry? Yes ___ No ___ Uncertain ___

Have you ever been separated? No ___ Yes ___ When? _____

Marriage(s): Please give the following information for your marriage(s).

Date Married	Your Age	Spouse Age	Name of Spouse	Duration	Ended Because
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Children: List the names of your children, from oldest to youngest. State if any of these children are from previous marriages, or adopted. **Also, in order of birth include any miscarriages or abortions.**

Name	Sex	Age	Living?	Marital Status	Self Supporting?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical/Counseling Background:

Are you currently receiving medical treatment? No ___ Yes ___ For what purpose?

Have you used drugs for anything other than medical purposes? No ___ Yes ___

What drugs? _____ When? _____

Have you ever been in counseling/therapy/mental health care? No ___ Yes ___

For what reason? Was there a diagnosis?

Have you ever taken medication prescribed for emotional reasons? No ___ Yes ___

Are you currently taking medication prescribed for emotional reasons? No ___ Yes ___

What medication(s)? _____

Spiritual/Religious Background:

Have you made a commitment to Jesus Christ as your Lord and Savior? No ___ Yes ___

Describe your present relationship with the Lord:

Have you received the Baptism of the Holy Spirit? No ___ Yes ___ When? _____

Has your experience been accompanied by “spiritual language/tongues”? No ___ Yes ___

Are you currently attending church? No ___ Yes ___ Where? _____

List all previous church affiliations:

What has prompted you to seek ministry at this time? (Please circle)

Addictions/Compulsions

Grief/Loss

Sexual Issues/Incest

Anger/Aggression

Parental/Family

Spiritual Concerns/Values

Depression/Suicide

Premarital/Marriage

Stress/Anxiety

Fears/Phobias

Relationships/Loneliness

Vocational/Educational

Please comment:

Your goals for Christian Prophetic Prayer Ministry?

Generational Patterns:

The purpose of this next section of the application is to help you and your prayer ministers identify generational sins, curses, and negative patterns that may be hindering you. These patterns can lead to demonic oppression in your life and the lives of your children.

Please answer as honestly and completely as you can.

From what country of countries did your ancestors originally come? _____

What are the prominent ethnic backgrounds of your ancestors? _____

In what geographic areas have they primarily lived their lives?

Is it possible that they were connected with slavery? Owners, traders, or slaves themselves?

Is it likely that they were involved in unfair business practices? _____

Parents:

Answers on this page describe your relationship with the Father(s)/Mother(s) who primarily raised you. Please use a separate page if there was more than one Father/Mother.

Father: Biological/Birth Parent _____ Step Father _____ Other _____

Occupation before retiring: _____

If deceased, what was the cause of death and their age? What was your age?

His personality? _____

His values? _____

Kind of home environment he provided? _____

Describe your Father's relationship with your Mother ?

Describe his relationship with the children?

How did he show love?

On a scale of 1 to 10, indicate how much you felt loved by him? Give examples:

Mother: Biological/Birth Parent _____ Step _____ Other _____

Occupation before retiring? _____

If deceased, what was the cause of death and what was their age? What was your age?

Her Personality? _____

Her Values? _____

Kind of home environment she provided?

Describe your Mothers' relationship with your Father? _____

Describe her relationship with her children? _____

How did she show love? _____

On a scale of 1 to 10, indicate how much you felt loved by her? Give examples:

Siblings: Describe your relationship to your brothers and sisters in childhood and today. List them in their birth order:

Family Patterns: check if common in your immediate or extended family (aunts, uncles, cousins)

- | | |
|--|---|
| <input type="checkbox"/> Lack of intimacy in marriage | <input type="checkbox"/> Lack of communication between parents and children |
| <input type="checkbox"/> Lack of communication between spouses | <input type="checkbox"/> Children idolized |
| <input type="checkbox"/> Women dominant over men | <input type="checkbox"/> Favoritism shown among children |
| <input type="checkbox"/> Men dominant over women | <input type="checkbox"/> Children not valued |
| <input type="checkbox"/> Family idolatry (sports, beauty, education, etc.) | <input type="checkbox"/> Most received salvation |
| <input type="checkbox"/> Family secrets | <input type="checkbox"/> Most are not saved |

Possible Open Doors: Genesis 4:7

Please place a check mark beside each item in which you or your family have participated in.

Key: S=Self F=Family

S	F	Abandonment	S	F	Bitterness	S	F	Fear
		Isolation			Blaming			Anxiety
		Not Belonging			Complaining			Burdens
		Loneliness			Criticalness			Heaviness
		Not Wanted			Gossiping			Horror Movies
		Victim			Judging			Over Sensitivity
		Addictions			Murmuring			Phobias
		Alcohol			Ridicule			Superstition
		Caffeine			Unforgiveness			Worry
		Food			Competition			Fear Of
		Gambling			Driveness			Abandonment
		Marijuana			Jealousy			Authority
		Nicotine			Striving			Cancer
		Nonprescription Drugs			Control			Death
		Pornography			Manipulation			Man
		Prescription Drugs			Man Control Family			Punishment
		Sports			Possessiveness			Rejection
		Street Drugs			Witchcraft			Sickness/Illness
		Television			Women Control Family			Victimization
		Tranquilizers/Sleep Aids			Deception			Financial Patterns
		Video Games			Confusion			Greed
		Other:			Lying			Irresponsible Spending
		Anger			Self - Deception			Job Failures
		Frustration			Depression			Job Losses
		Hatred			Despair			Poverty
		Rage			Despondency			Stinginess
		Resentment			Hopelessness			Greed
		Spoiled Little Boy/Girl			Over Sleeping			Cheating
		Temper Tantrum			Self Pity			Covetousness
		Anxiety			Suicide Attempt			Idolatry
		Burden			Suicide Fantasies			Stealing
		False Responsibility			Withdrawal			Grief
		Fatigue			Escape			Loss
		Heaviness			Fantasy			Sadness
		Nervousness			Forgetfulness			Sorrow
		Restlessness			Lethargy			Weariness
		Weariness			Passivity			Worry
		Worry			Procrastination			
					Withdrawal			

Open Doors (cont'd)

S	F	Infirmities/Diseases	S	F	Occult (cont'd)	S	F	Rejection
		Accidents (car/falls, etc)			Casting Spell/Hex			Perceived Rejection
		Allergies			Crystal Ball			Perfectionism
		Arthritis			Dispatching Demons			Self-Rejection
		Barrenness/Miscarriage			Dungeons & Dragons			Religion
		Blood Diseases			Eight Ball			Antichrist
		Cancer			ESP			Legalism/Rules
		Chronic Fatigue			Fortune Telling			Sexual Sins
		Diabetes			Hand Writing Analysis			Adultery
		Fatigue			Horoscopes			Beastiality
		Fibromyalgia			Hypnosis			Demonic Sex
		Eye Disease			I Ching			Exposure
		Impotence			Levitation			Frigidness
		Kidney			Blood Pacts			Homosexuality
		Headaches/Migraines			Bloody Oath or Pact			Lesbianism
		Heart Disease			Mental Telepathy			Incest
		Lupus			Mudang			Lust/Fantasy
		Parkinson's Disease			Necromancy			Masturbation
		Physical Abnormalities			Non-Christian Exorcism			Pornography
		Premature Death			Ouija Board			Premarital Sex
		Sinus Problems			Heavy Metal Music			Prostitution/Harlotry
		Skin Disease			Occult Jewelry			Rape
		Orthopedic			Palm Reading			Seduction
		Thyroid			Pendulum			Sexual Abuse
		Other:			Psychic Healing			Shame
		Mental Illness			Occult/Witchcraft Book			Condemnation
		Alzheimer's Disease			Science Fantasy			Embarrassment
		Confusion			Seances			Guilt
		Craziness			Horror Movies			Self-Accusation
		Hallucinations			Science Fiction Movies			Strife
		Hysteria			Sorcery			Arguing
		Insanity			Spirit Guides			Bickering
		Obsessive/Compulsive			Spiritism			Cursing
		Paranoia			Tarot Cards			Mocking
		Schizophrenia			Tea Leaves			Unbelief
		Senility			TM			Doubt
		Bi Polar			Visited Indian Burial Grounds			Rationalism
		Borderline Personality			Visited Pagan Temples			Skepticism
		Disassociation			Voodoo			Unworthiness
		Pride			Water Witching			Inferiority
		Arrogance			Wicca			Self-Condernation
		Self-Importance			Witchcraft			Self-Hate
		Vanity			Yoga Meditation			Learning Disabilities
		Occult			Other:			ADD
		Ancestor Worship			Rebellion			Dyslexia
		Astral Projection			Insubordination			Violence
		Astrology			Lying			Feuding
		Automatic Writing			Stubbornness			Murder
		Black Magic			Undermining			Retaliation
		Clairvoyance						Torture

Secret Organizations, Cults, False Religions, Occult, and Mind Control

The following are examples of groups that omit the foundational truths of Christian faith, such as Atonement, the Blood of Jesus, the Divinity of Jesus, or the Trinity.

S	F
	Buddhism
	Christian Science
	Armstrong/Radio
	Church of God
	Bahai
	Confucianism
	Dungeons and Dragons
	Eastern Star
	Eckankar
	Edgar Cayce
	EST
	Father Divine
	Fraternity
	Hare Krishna
	Hinduism
	Indian
	Islam
	Jehovah's Witness
	KKK
	Knights of Columbus
	Masonic Order
	Moonies
	Mormonism
	Rainbow Girls
	Religious Science
	Rosacrucianism
	Roy Masters
	Satanism
	Scientology
	Shriners
	Silva Mind Control
	Swedenborgianism
	The Way International (Renamed the Christian Education Society)

Please add any other information you feel would be helpful or significant about yourself or your family of origin.

Traumas

Please list any fearful, hurtful, painful or distressing experiences you have had in your life. Please list all surgeries, accidents, incidents of abuse (verbal, physical, sexual, mental), deaths, etc.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please add any other information you feel would be helpful or significant about yourself or your family of origin.

Family Tree - Please fill out the following using this example:

Name:
DOB/DOD
of Children
Occupation
Cause of Death

Father's Family

GGF

GF

GGM

GGF

GM

GGM

Father

Mother's Family

GGF

GF

GGM

GGF

Mother

GM

GGM
