



Heal the Root to Heal the Fruit

THE RECONNECTION COMMUNITY

Hope, Help and Healing for Fractured Families

Thank you for your interest in The OASIS Reconnection Community, a supportive group for women navigating the pain, uncertainty, and complexity that can accompany family estrangement. Because every family situation is different, this brief confidential intake form helps us learn what support may be most helpful for you and whether this group feels like an appropriate fit at this time. Your responses may also help us understand what you have been experiencing and what you hope to explore in your own healing process.

CONTACT INFORMATION

Name:

Mailing Address:

County of Residence:

Cell Phone:

Email:

YOUR FAMILY & SUBSTANCE USE

Are you currently affected by a loved one's substance use or history of substance use?

☐ Yes ☐ No

Briefly describe how substance use has affected or been part of your family experience:

Are you personally in recovery from a past addiction?

☐ Yes ☐ No

If yes, how long have you been in recovery?

The family member from whom you are currently estranged is:

- ☐ Currently using substances in a way that is affecting their life or relationships
- ☐ In recovery from substance use and actively participating in a recovery program

If known, how long have they been in recovery? _____

- ☐ No longer using substances, but not currently participating in a recovery program
- ☐ Not the family member with substance use concerns; another family member has or has had substance use concerns

YOUR ESTRANGED RELATIONSHIP

Who are you currently experiencing distance or estrangement from?

What is your relationship to this person?

How would you describe the relationship today?

Please refer to the levels of estrangement described on the Fractured Families page of the OASIS website and select or identify the level that feels most accurate for your current situation.

Current level:

What does the current level of contact or distance look like in your life?

For example: no contact, very limited contact, occasional contact, contact only around certain family events, communication through others, or another arrangement.

YOUR RECOVERY & HEALING WORK

Estrangement can invite reflection on many parts of our lives, including relationships, family patterns, expectations, responses, boundaries, and experiences that have shaped us.

What forms of support, healing, reflection, or personal growth have you explored in relation to your estrangement, if any?

Therapy

Are you currently participating in therapy or another form of professional support?

☐ Yes ☐ No

If yes, how long have you been receiving this support? _____

If you are comfortable sharing, what is the primary focus of your therapy or support?

Support Groups

Have you participated in support groups related to family estrangement, substance use, grief, family relationships, or personal growth?

☐ Yes ☐ No

If yes, please list the group(s):

Books

Have you read books that have supported your understanding of estrangement, family relationships, substance use, grief, attachment, or your own healing?

☐ Yes ☐ No

If yes, which books?

Podcasts

Do you listen to podcasts related to these topics?

☐ Yes ☐ No

If yes, which ones?

Experts & Other Resources

Do you follow or regularly read the work of experts, authors, therapists, or other professionals related to estrangement, family systems, substance use, grief, attachment, or healing?

☐ Yes ☐ No

If yes, please list:

YOUR UNDERSTANDING OF THE ESTRANGEMENT

One of the goals of The Reconnection Community is to offer space for reflection, understanding, and self-compassion. The group does not require you to assign blame, minimize your experience, or pursue immediate reconciliation. Your safety, boundaries, and personal pace matter.

What, if anything, have you come to understand about the experiences or circumstances that may have contributed to the estrangement?

You may choose to reflect on family history, communication patterns, substance use, trauma, expectations, unresolved conflict, differences in values, parenting or family roles, boundaries, or other experiences.

What are you hoping to gain from participating in The Reconnection Community?

Participants are invited to keep the focus on their own experiences, choices, and healing. The group may include self-reflection exercises and practices that support mindful self-compassion. You are welcome to identify what you hope would feel supportive or meaningful to you.

Is there anything else you would like us to know about your situation, needs, boundaries, or hopes before we speak with you?

NEXT STEP

Please email your completed form to: rhonda@OasisBethlehem.org

After your form has been reviewed, you will be contacted by Rhonda to schedule a brief phone consultation. This conversation will provide an opportunity to share what you would like us to know, ask questions about the group, and explore whether The Reconnection Community feels like an appropriate support for you at this time.

You are welcome to ask questions during the consultation and to decide whether participation feels right for you. Depending on your circumstances and needs, we may also offer information about other resources or forms of support that may be helpful.

Thank you for taking the time to share your journey with us. For more information on our program and resources, please visit: <https://oasisbethlehem.org/fractured-families>

Helping with Compassion,

Rhonda

Rhonda Miller

Certified Family Recovery Specialist

Certified Grief Educator & Companion

EXECUTIVE DIRECTOR

OASIS Community Center

3410 Bath Pike, Bethlehem, PA 18017

O 484-747-6825 | C 610-349-5697

