

CHRISTIAN HEALING CENTER

A Ministry of Branches of the Cross Anglican Church

3-Day Intensive Prayer Ministry (IPM)

Application Packet

The 3-Day Intensive Prayer Ministry Retreat (IPM) is conducted monthly and begins on the second Monday of each month. To reserve your spot in the month that you want to attend, send in your completed application as soon as possible to CHC.BranchesVista@gmail.com, or by U.S.Mail to :

**Registrar
Christian Healing Center
14287 Mango Drive
Del Mar, CA 92014**

Your application must be received no later than the Tuesday prior to the IPM you want to attend. We try to accommodate everyone, but space is limited. We reserve spaces in the order in which completed applications are received.

The ministry and associated meals and lodging are offered without charge so that no one is precluded from attending because of fees. Donations are our only source of revenue, so we hope that attendees who are able would be led by the Holy Spirit to support the ministry.

We are located in a residential, country area with small wildlife around, and coyotes howl in the nearby hills. There are wonderful patios for meals and fellowship, but no food refuse should be left outside.

There are a couple of restrictions here: Pets cannot be accommodated and smoking is not permitted on the grounds except on the tennis court.

We urge you to stay overnight in our Shekinah House guest lodge during your IPM rather than returning home, but that is not required. If you intend to stay onsite, we must know in advance. Bedding and towels are provided, so you need to bring only your personal toiletries. It is possible that both men and women would be staying in the lodge at the same time, so proper covering is needed in common areas. Most rooms have two beds, so, depending on the number of attendees, you may have to share a room, of course only with someone of the same sex. More information about the Shekinah House lodge is available on the website, or you may email the office for a brochure at CHC.BranchesVista@gmail.com.

The following application is quite detailed and personal. Your healing begins when you start filling it out, as you open up to the Holy Spirit. Rest assured that only your assigned prayer ministers will ever see your application; we handle it with the strictest confidentiality.

We look forward to ministering to you in the Lord's Name. Help us get started by making your application readable, please.

Blessings in Christ,

The Christian Healing Center Team

791 Valley Crest Drive, Vista, CA 92084-6607

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Application Packet

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In which month would you prefer to attend the IPM? _____

Would you like to stay overnight onsite during your retreat? _____

If so, would you like to arrive Sunday after 4:00PM or Monday morning? _____

Would you be leaving Wednesday afternoon or Thursday morning? _____

Your Personal Information

Name: _____
First Last date of birth

Address _____
Street City State Zip code

Best Phone No: _____ Email Address: _____

How did you hear about us? _____

Church affiliation: _____

Married? Yes No Children? Yes No

Born again? Yes No Baptized in the Holy Spirit? Yes No

If you are a minor, name of father or mother: _____

Are you currently under a doctor's or other professional's care? Yes No

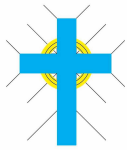
Serving All Christians:

This ministry is provided to all Christians regardless of denomination. While this is a ministry of a church in the Anglican denomination, the Christian healing ministry itself is focused only on the healing mission of Jesus Christ our Lord among us. There is no teaching or preaching that comes from a particular theological perspective. All Christians should be comfortable receiving this ministry, and experience proves that God wants to heal His children and does so here for those who come with open hearts.

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Bringing Healing and Restoration to God's Hurting People

The *IPM* attempts to raise up for healing those things in our past, done by us, or to us, or reflected upon us, that have kept and are keeping us from being our best selves. This includes such things as inherited traits, old vows made, curses, soul ties, false beliefs, and unholy judgments called bitter roots. We have seen that certain things in our family lines and in events or exposures in our formative years can have an impact throughout life, and the Holy Spirit would like to deliver us from the bondage of these things.

Through teachings, soaking prayer, and the person to person ministry of trained prayer ministers, life-changing healing often occurs when prayees give their issues to the Holy Spirit.

It is our prayer that you'll find this ministry to be a caring and safe environment in which you can experience the love and healing touch of God. We trust your time with us will be a significant blessing for you, and we invite you to enjoy the peace and quiet of our beautiful location.

OUR MOTTO IS TO LISTEN, LOVE, AND PRAY

Acknowledgements and Release

Please read and acknowledge the following:

1. Confidential Ministry

We are committed to keeping confidential whatever you share with us. However, there are two things we are required by law to report to the appropriate authorities:

- a) Any intent of a person to take harmful, dangerous, or criminal action against another person or against himself/herself
- b) Any act of child or elder abuse or neglect

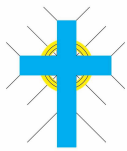
Any personal information we receive from you will be kept in a secure file cabinet to which only authorized prayer ministers have access.

2. Read, understand, agree to, and sign the attached Release of Liability form on the next page.
3. Be expectant, but do not get upset or angry if all you expect does not happen as quickly as you would like.
4. Be patient with yourself, with us, and with God.

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5. Be prayerful and open for growth and change under the guidance of the Holy Spirit.
6. Engage your will to work with the Holy Spirit and us to move toward what God wants for you.
7. Forgive us if we make mistakes, forgive yourself if you make mistakes, and release God if He doesn't do things the way you expect.
8. Arrive no later than 9:00 a.m. on Monday of your IPM. Breakfast is served beginning at 8:15 if you would like to join us for that.
9. Consider a donation to assist us in continuing the ministry of CHC to you and to others who are not able to contribute.
10. If you have any questions, don't hesitate to ask.

I have read and understand the above information:

Your Signature

Release of Liabilities

I hereby release Branches of the Cross Anglican Church and the Christian Healing Center and their staff members, pastors, and lay ministers, from all personal or corporate liability or responsibility for any present or future claims from myself, my heirs, or assigns.

I further release them from all liability for any personal or psychological injury and hereby give them my permission to review, consult, and advise at their discretion.

I release them from liability and responsibility in relation to the disclosure of information of a personal and confidential nature (only as required by law), now and in the future.

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____



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Current Prayer Needs

Dear Prayer Participant,

We are grateful that God has led you to the Christian Healing Center. We are here to “Listen, Love, and Pray.” To help us prepare for your participation in the IPM, please let us know, as clearly as you can, what you are seeking from the Lord and from us.

I am seeking help in the following area(s) of my life:

Inner (emotional) healing: _____

Difficulties in personal relationship(s): _____

Physical healing: _____

Deliverance from some form of oppression (due to evil forces, demonic activity, etc.)

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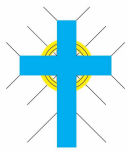


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Spiritual healing (e.g., feeling distant from God): _____

Other: _____



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Prayer Ministry Questionnaire

Many things that happen in our formative years can have an adverse impact on us by imprinting negative stereotypes and habits on our subconscious. These things can lead to a variety of symptomatic problems later in life. By providing answers to the following questions you help the prayer ministers to pray for and assist you, most especially as they listen to the leading of the Holy Spirit in how to pray for you. We have found that God sometimes delivers people from bondages that were previously unrecognized by them. Your thoroughness in answering these questions aids in achieving the best results for you. But if you are uncomfortable about a question or section, or don't know the answer, just pass it by.

Family History

Status of your parents: Good marital relationship? Yes ___ No ___ Separated? ___ Divorced? ___

Mother still living? Yes ___ No ___ Alcoholic? ___ Drugs? ___ Other? _____

Father still living? Yes ___ No ___ Alcoholic? ___ Drugs? ___ Other? _____

Parents' religious background: _____

Were you raised by anyone other than your parents? ___ If so, explain _____

Are you adopted? ___ How many children in your family? ___ Where are you in order of siblings? ___

Your relationship to father in childhood: Good ___ Bad ___ Indifferent _____

Your relationship to mother in childhood: Good ___ Bad ___ Indifferent _____

Your relationship to siblings in childhood: Good ___ Bad ___ Indifferent _____ Mixed ___

Has there been any significant change in any of these relationships? _____

If so, please explain:

Which of the following, if any, did you experience during your childhood? (Please circle all that apply.)

Broken home; Stammering; learning problems; Removal from home; Bed wetting; Molestation;

Unhappy childhood; Nail biting; Sexual encounters; Loneliness; Sleep walking; Incest; Excessive

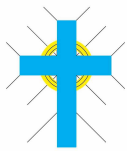
fear; Physical disabilities; Frequent illnesses; Night terrors; Serious Illnesses;

Other _____

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Did your parent(s) wish you were of the opposite sex? _____

In your opinion, did your parents wish you had never been born? _____

Personal History:

Your marital status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

If married previously, how many times? _____ How many children do you have? _____

What are their current ages? _____ Describe your current relationship with your children _____

With whom are you Now living? _____

Education: (Highest Level Completed) _____ Are you currently employed and/or going to school? If "Yes", describe: _____

Is there anything significant about your current or past work or school experience that may relate to your prayer need? _____

Church affiliation: Present _____ Past _____

Have you accepted Jesus Christ as your savior? _____ When? _____

Baptized _____ When? _____ What church? _____

How often do you currently attend church? _____

Do you read/study the Bible regularly? _____ Do you find prayer difficult? _____

Do you listen to music regularly? _____ What type do you enjoy most? _____

Are you a veteran of any foreign wars? _____. If so which one(s)? _____

Is there any part of your life (i.e., a large block of time) that you do not remember? _____

What age(s) were you during the time you do Not remember?. _____

Have you traveled to a foreign country? _____ If so, where? _____

Does your name have any particular religious, family, traditional, or cultural significance? _____

Have there been any major traumas in your life? Please describe. _____

Which of the following if any, have you struggled with?

Daydreaming; Headaches; Fantasies: Insecurity; Doubts; P.M.S.; Lustful thoughts; Thoughts of inadequacy; Blasphemous thoughts; Obsessive thoughts; Compulsive thoughts

Which of the following emotions have you had difficulty controlling?

Frustration; Anger; Loneliness; Worthlessness

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Moral Climate

During your first 18 years of life, how would you rate the moral atmosphere in which you were raised?

	Very Permissive	Permissive	Average	Strict	Very Strict
Clothing	1	2	3	4	5
Sex	1	2	3	4	5
Dating	1	2	3	4	5
Movies	1	2	3	4	5
Literature	1	2	3	4	5
Drinking	1	2	3	4	5
Smoking	1	2	3	4	5
Church Attendance	1	2	3	4	5

Did you have a keen interest in sex before puberty? _____

Have you viewed X-rated movies? _____

Have you viewed pornography? ____

Medical History

Have you ever had a medical operation(s)? ____ If so, for what reason and at what age? _____

Have you had any medical traumas and/or hospitalizations? _____

Have you had an abortion? _____

Have you had a miscarriage? _____

Have you been hospitalized for emotional illness? ____ Why? _____

Diagnosis, date, and discharge status: _____

Form of treatment? _____

Are you currently under the care of a doctor? _____ A psychiatrist? _____ On drug therapy? ____

Are you subject to depression? _____ How frequently? _____

Duration of episodes _____ Do you have a diagnosis of P.M.S? _____

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Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, tobacco, etc.)

Are you an alcoholic? _____ How long? _____ Are you now using drugs or alcohol? _____
Have you ever used street drugs? _____ For how long? _____ Are you still using? _____

Occult Questionnaire

Have there been any occult contacts or involvements in your personal life or family history? Please check **YES** or **NO** in answer to the questions that follow. Consider the questions carefully, for they may well be the doorway to your deliverance from occult subjection and oppression if you have ever participated in or been subject to these things. If there are multiple items in one question, underline the ones that apply to you.

Have you visited a fortuneteller who told your fortune by use of cards, tea leaves, palm reading, etc? **Yes** ___ **No** _____

Do you read or follow the horoscope? **Yes** _____ **No** _____

Has anyone ever hypnotized you? **Yes** _____ **No** _____

Have you ever practiced yoga or done exercises related to yoga? **Yes** _____ **No** _____

Have you ever attended a séance or a spiritualist meeting? **Yes** _____ **No** _____

Have you ever had a life or reincarnative reading? **Yes** _____ **No** _____

Have you consulted a Ouija board or used other fortune telling methods? **Yes** _____ **No** _____

Have you played with the so-called 'games' of occult nature? (ESP, Telepathy, Kabala, Dungeons & Dragons, etc.) **Yes** ___ **No** _____

Have you ever consulted a medium? **Yes** _____ **No** _____

Have you ever sought healing through conjuration and charming, or through a Spiritualist, Christian Scientist, or anyone who practices spirit healing, psychic healing, hypnosis, metaphysical hearing, use of pendulum or trance for diagnosis, or any other occult means? **Yes** ___ **No** _____

Have you ever been to a chiropractor who treats through the use of "Ying and Yang", the "universal forces" in the spine? **Yes** ___ **No** _____

Have you ever sought to locate missing objects or persons by consulting someone who is psychic, clairvoyant, second sighted, or uses psychometric powers? **Yes** _____ **No** _____

Have you ever practiced table lifting, levitation, or automatic writing? **Yes** _____ **No** _____

Have you ever possessed or worn an amulet, talisman, or charm for luck/protection? **Yes** _____ **No** _____

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Have you practiced or participated in water witching, using a twig or pendulum? Yes _____ No _____

Do you read or possess occult or spiritualist literature (e.g., books on astrology, interpretation of dreams, metaphysics, religious cults, self-realization, fortune telling, magic, ESP, clairvoyance, psychic phenomena, etc.)? Yes ___ No _____

Have you ever called a psychic hotline or accessed psychic advice on the computer? Yes _____ No _____

Do you often have nightmares or frightening dreams? Yes ___ No _____

Have you ever been guided by dreams? Yes _____ No _____

Have you experimented with or practiced ESP or telepathy (i.e., tried to send thoughts to another through your thoughts)? Yes _____ No _____

Have you ever practiced any form of magic charming or ritual? Yes _____ No _____

Do you possess any occult or pagan religious objects, relics, or artifacts which may have been used in pagan temples and religious rites, or in the practice of sorcery, magic, divination, or spiritualism? Yes _____ No _____

Have you ever had your handwriting analyzed, practiced mental suggestion, cast a magic spell, or sought a psychic experience? Yes _____ No _____

Have you ever listened to hard rock music for long periods of time? Do you have a strong identification with a musician (dead or alive)? Yes ___ No _____

Have you ever seen *The Exorcist* or *The Omen* or other similar movies? Yes _____ No _____

Have you watched television shows that promote the occult? Yes _____ No _____

Do you have a strong identification with a movie star, actor/actress, or famous person? Yes _____ No _____

Have you ever belonged to the Masons or a related organization? Yes _____ No _____ Your Degree _____

Have you been involved with a lodge or organization requiring rituals for membership? Yes ___ No _____

Do you see auras? Yes _____ No _____

Do you ever "feel" an evil presence? Yes _____ No _____

Have you ever been visited by a demon or an evil spirit? Yes _____ No _____

Have you ever gone to any temple or religious site that was **Not** Christian (e.g., Buddhist temple, Mormon temple, Masonic temple, etc.)? Yes _____ No _____

Do you ever have very strong feelings of rage, or thoughts of suicide or murder? Yes _____ No _____

Have you ever been affiliated with any group involved in rebellion or terrorism? Yes _____ No _____

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Have you ever had negative things or curses spoken over you? Yes _____ No _____

Have you ever been involved in Satanic worship? Yes _____ No _____

Have you ever practiced astral projection? Yes _____ No _____

Have you been involved in white magic (doing good things through the control of psychic and supernatural power)? Yes _____ No _____

Have you been involved in black magic (psychic control through curses, use of the black arts, or any demon power for the purpose of doing harm)? Yes _____ No _____

Have you had dreams of rites with candles, hooded figures, or snakes? Yes _____ No _____

Do you have difficulty taking Holy Communion? Yes _____ No _____

Have you ever heard "unreal" voices? Yes _____ No _____

Are you regularly awakened between the hours of midnight and 3:00 a.m. with a sense of unease? Yes _____ No _____

Have you made any blood pacts? Yes _____ No _____

Have you ever felt you have participated in an immoral act with a demon? Yes _____ No _____

Have you ever had pains which seemed to move and for which there is no medical explanation? Yes _____ No _____

Have you ever wanted to cut yourself or have you ever intentionally cut yourself? Yes _____ No _____

Have you ever attended a New Age seminar? Yes _____ No _____

Have you had spiritual experiences that you would consider out of the ordinary? Yes _____ No _____

To your knowledge, have any of your parents, grandparents, or great-grandparents ever been involved in any occult, cultic, or Non-Christian religious practices? Yes _____ No _____

Have you ever been involved in or attended meetings for any of the following Eastern religions?

Buddhism; Hinduism; Shintoism; Islam; Bahia; Rosicrucian; Zen Buddhism; Hare Krishna; Transcendental Meditation; Meher Baba; Any guru; Bhagwan Shree Rajneesh; Riddle of Reincarnation; Masonic Orders

Have you ever been involved in or attended meetings conducted by modern cults, such as:

Mormons; Theosophy; Unitarian; The Way; Eckankar; Children of God; Christian Science; Unity; Jehovah's Witnesses; Est; Silva Mind Control; Scientology; Unification Church; Worldwide Church of God; Other _____

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Family Tree Preparation

Preparation of Your Family Tree

Attached is a genogram chart that is used to post information about your family generations, like a family tree.

A family tree is used to diagram family history so you can see at a glance where problems are in each generation. Begin at the bottom of the chart; fill in your name and your spouse's name and any problems you have (if divorced, insert your previous spouse's name, too.) Fill in the same with your children, your parents, and your brothers and sisters. Continue in this way up the family tree, as far as you can remember, indicating any patterns or problem areas in your family line. Some problems come down vertically, as from grandfather to father; some horizontally from aunt to aunt or cousin to cousin. Some of the problems are obvious, others are known only to God. Don't be concerned about what you do not know; the Lord will reveal what you need to know, and what He reveals, He will bring into healing. And don't worry about being neat. If explanations are needed, please add extra pages.

Once you have finished construction of the family tree, look at the possible patterns or problem areas with the family bloodlines. Below are some of the common areas of generational bondage or sin that may help jog your memory and make a more complete picture of your family line.

Pray as you do this exercise, and ask the Holy Spirit to reveal His truth to you. He may give you an area that is not listed below, but it is essential to put down whatever is revealed to you in order to break the patterns of generational sin.

SOME OF THE COMMON AREAS OF GENERATIONAL BONDAGE OR SIN

Identify by name the people in your family who:

Suffered Unusual and Violent Deaths or Severe Trauma:

- Committed or attempted suicide; murdered; tragic accidents; wars; suffered repeated miscarriages; died imprisoned, lonely, or abandoned; suffered untimely death; suffered severe trauma.

Showed Evidence of Occult or Demonic Activity

- Superstitions; occult involvement (witchcraft, astrology, spiritualism, divination, astral travel, palm or taro readings, etc.); Satanic covenants; satanic worship;

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Exhibited Habitual Patterns of Sin

- Sexual Sins: Adultery/fornication; Prostitution; Homosexuality/lesbianism; Incest; Pornography; Lust; Sexual promiscuity; Sexual perversions; Sexual addictions
- Other Habitual Sins: Violence; Incest; Racial prejudice; Anger; Religious prejudice; Murder; Pride; Greed; Materialism; Arrogance; Hatred; Abuse (physical, mental, emotional or spiritual); Unforgiveness; Addictions (alcohol, nicotine, drugs, food, etc.); Judgments

Destructive or Abnormal Patterns of Relationships

- Divorces; Abuse (physical, mental, emotional or spiritual); Hostility; Control; Bitterness; Manipulation; Domination; Revenge; Unforgiveness; Anger; Depression; Treating family members as outcast, black sheep, scapegoat or failure

Diseases and/or Predisposition to Illness

- Arthritis; Fibromyalgia; Respiratory Trouble; Cancer; Headaches; Skin Problems; Diabetes; Heart Trouble; Ulcers; High Blood Pressure; Bipolar Disorder; Nervous Breakdowns; Mental Retardation; Mental Disturbances; Depression

Historical Family Connections

- Involvement with events of great sin, evil, or trauma such as massacres, plagues, slavery, etc.
- Ethnic origin issues, negative traits, cultural evils, oppression, curses as might be found in European, Asian, African, Native American or Caribbean ancestry

Religious History

- Non-Judeo/Christian religions of ancestors such as Islam, Hinduism, Buddhism, or Masonic Orders

In-Utero Wounding

- Child conceived in lust or rape; Illegitimacy; Parent considering adoption/abandonment; Ambivalence or rejection from either parent; Attempted/failed abortion; Fear/anxiety (i.e. mother had difficulty carrying child to term); Loss of father; Life-threatening illness of the mother; Life-threatening illness of the baby; Mother had miscarriages(s) or abortion(s) before you were conceived

As you consider all of these areas, ask the Lord where the problems that surfaced had their origins. Offer all of them to God for healing.

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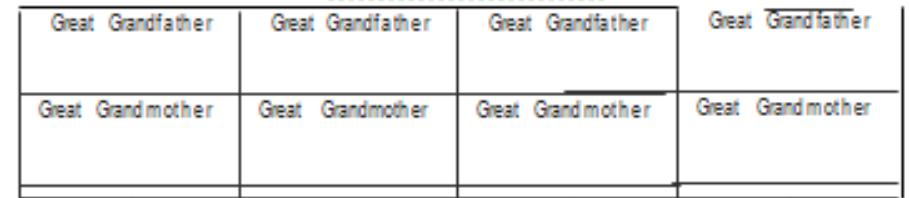
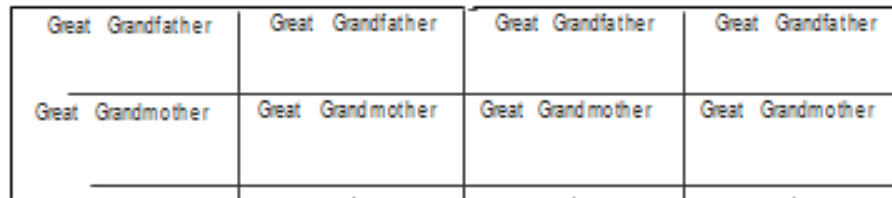
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GENOGRAM

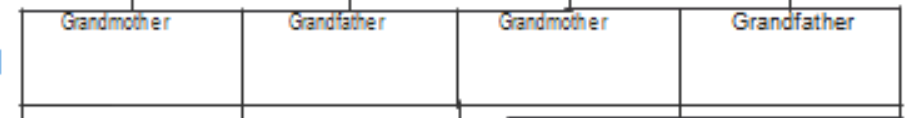
MY ANCESTORS

GENERATION

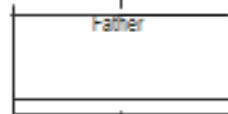
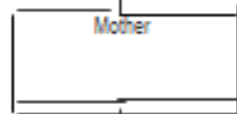
SPOUSE'S ANCESTORS



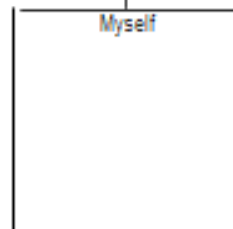
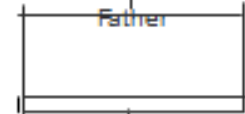
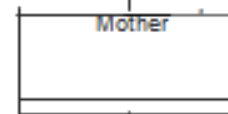
4th



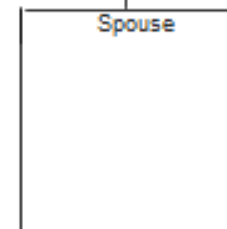
3rd



2nd



Present



Children