



Client Pre-Application/Screening

Journey Office Notes:

Today's Date: _____

Name: _____
Last/First

Address _____

City/State/Zip _____

Date of Birth: _____ I'm under 18

Phone # where you can be reached: _____

If you are under 18:

Parent/Guardian Signature: _____

Contact Phone of Guardian: _____

Tell us a little about your highest concern that brings you in today?

In what area of concern/need are you seeking help most for?

- Pregnancy Baby/Child Resources
- Emotional Support Mentoring/Life Goals

How did you hear of us?

- Friend/Family Website FACEBOOK Agency Other

Disclaimer -- please read thoroughly.

Journey is a non-profit, charitable social-service agency, offering mentoring, referrals and resources to individuals, at all seasons of life. While we address the whole person, we are not a substitute for those requiring doctor's care for mental health concerns, medication management, substance-addictions or therapy.

Before we can determine that Journey is a good fit for you at this time, our pre-assessment asks the following questions due to the sensitive nature of issues in the areas of wholeness and balance, to help us better understand your needs. Journey may determine your needs are currently higher than what we are able to offer. Please be assured we will do our best to refer you.

Journey is a program for individuals that fall into our areas of care starting at 14 and older. Minors from 14-18 years, must have parental approval, additionally the pre-assessment process will determine if Journey is their best fit as our program is intended for adults. Our services for Minors (14-18) are primarily intended for pregnancy or parenting support.

Have you/are you diagnosed with a mental illness that requires medication management under a physician's care?

Yes No

Please tell us a little more about your treatment plan and the last date of service.

Do you feel you are at harm to yourself or others?

Yes No

Do you have feelings of ending your life? Yes No

Is there anything else you would like us to know about you or your circumstances?

Liability Waiver

I hereby RELEASE (Journey pregnancy & life hub) from any and all liability to me, or to any property belonging to me, while participating or while on or upon the premises where the mentoring is being conducted.

I also understand that the nurturing and encouragement services rendered are in no way represented to be license or professional counseling, psychological, psychiatric or medical. These services are offered free of charge to encourage and coach me with my goals. I thereby hold Journey pregnancy & life hub, the leadership and any representative or agent of the same, harmless and waive all liability for any real or perceived emotional distress or harm that might occur during or as result of my participation.

Confidentiality Agreement

I understand that Journey pregnancy & life hub has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that the relationship with my mentor/guide of Journey pregnancy & life hub holds my information in strict confidence unless I am in danger of causing physical harm to others or myself. If under 18 years of age, your parent must sign also to receive services. I also understand that at any time Journey feels their services are not the best fit for my needs and care they will refer me elsewhere.

Client Name/Signature _____ Date _____

Parent/Guardian's Name (if under 18) _____ Date _____

Journey reserves the right to refer individuals seeking emotional guidance, and participating in the "Your Journey" Program to outside agencies if we feel that our program is not the best fit for you. We are limited in the services we provide but are confident in our referrals to the outside agencies we network with.

Next steps: Save and email to christinejourneyhub@gmail.com