

Church Leader Counseling Recommendation

This form is for a Pastor, Elder, Deacon or other church leader of a person /couple seeking counseling from The Hope Center who is a member of a church other than CFC.

Name of the individual(s) seeking counseling at The Hope Center, the counseling center of Christian Family Chapel:

Your Name and Role/Office at the church you serve:

Name of the Church this person/couple attends:

Is this individual a member of your church?

How long have you known the individual(s) seeking counseling?

Please describe this individual(s) church involvement::

Please recommend someone (of the same gender) from your church who would be willing to attend counseling with this person if our counselors deem it helpful. This person would become an accountability partner after counseling ends.

Are you supportive of this individual(s) receiving biblical counseling from The Hope Center?

Do you have any concerns? If so, what are they.