

LIFE CHALLENGE of WESTERN NORTH CAROLINA

P. O. Box 2553, Cullowhee, NC 28723

Phone: 1-866-697-0055

Chosen, Changed, Complete for Life

Counselor Recommendation Form

I am applying for admittance into the Life Challenge of Western North Carolina residential discipleship program. In order to complete my application, I need a counselor/pastor/psychologist/social worker to complete the following reference form regarding my current status. I give permission and authorize you to release the information requested below to Life Challenge of Western North Carolina. I also give you permission to release any counseling notes, assessments, and summaries to help them make the best decision for my recovery. After completion, this form is to be mailed or faxed directly to the center – do not return the form to me.

Applicant Signature

Date

1. What is your relationship to this individual? _____

2. How long have you known her? _____

3. Have you counseled with her? _____ If so, please describe the type of counseling:

4. How well does she respond to your counsel? _____

5. Our program is based totally on Biblical principles. What is your assessment of her spiritual development? _____

6. Is this individual ready to make a change in her life based on Biblical principles? Please explain.

7. What types of life-controlling problems does she have? _____

8. Please indicate whether the applicant has had a background of the following:

Prostitution _____

Homosexuality/lesbianism _____

Sexual Abuse _____

Drug Addiction _____

Alcohol Addiction _____

Eating Disorder/Over-eating/Under-eating _____

Occult/Witchcraft Activities _____

Criminal or Deviant Behavior _____

What other addictions, abuses, or problems does the applicant exhibit: _____

9. How well does this person relate to other people? _____

10. How well does this person relate to authority and discipline? _____

11. Can she read and write? _____ What is her level of education? _____

Any additional comments you feel may help us to assess the applicant's emotions, attitude, and behaviors.

Signed _____ **Date** _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Please fax counseling notes or a summary including recommendations for the applicant.