

# INTAKE FORM

Revised 11-19-2024

**Deliverance is a lifestyle of warfare – in order to attain and maintain freedom; a person needs to be willing to enter into battle with the intention of remaining combat-ready.**

1. If you are turning in an Intake Form, the conference you are attending must be paid in full when you register online. This payment can be made online or by mailing a check along with your Intake Form.
2. Intake Forms will not be processed if payment has not been made.
3. All Intake Forms are due no less than 2 weeks prior to the conference you are attending. If your Intake Form is late, it will be given back to you at the conference without having been processed. These mandates are strictly enforced.

**Print Instructions:** If you plan to fill out your Intake Form by hand, please go to [www.heartofforgiveness.org](http://www.heartofforgiveness.org) to register, pay and download the Intake Form. You will need to mail your Intake Form 2 weeks prior the FYL conference you are attending. You can send your Intake Form and check for the conference to:

**Heart of Forgiveness Ministries  
PO Box 1089 Lampasas, TX 76550**

**Electronic Instructions:** If you plan to fill out the Intake Form electronically, please go to [www.heartofforgiveness.org](http://www.heartofforgiveness.org) to register, pay and download the Intake Form. You will need to email your Intake Form 2 weeks prior the FYL conference you are attending. Pictures and jpg attachments are not accepted. It must be in a word or pdf format. Email your Intake Form to:

[jolene.hof@gmail.com](mailto:jolene.hof@gmail.com)

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Are you: Single:      Married:      Separated:      Divorced:      Widowed:

Age: \_\_\_\_\_ Year Born: \_\_\_\_\_ Occupation: \_\_\_\_\_ Do you like your job? \_\_\_\_\_

Church Affiliation (if any) & Spiritual History Beliefs:

\_\_\_\_\_  
\_\_\_\_\_

Location of FYL Conference: \_\_\_\_\_

How did you hear about the FYL conference? \_\_\_\_\_

Presenting problems & how long you have had them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want God to do for you through your participation of the FYL conference?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Have you been water baptized? \_\_\_\_\_

Have you been baptized in the Holy Spirit? \_\_\_\_\_ How often do you read the bible? \_\_\_\_\_

When you pray, are your prayers more for yourself, or for others? \_\_\_\_\_

Are you active in a church? \_\_\_\_\_

Are you hindered in prayer life? \_\_\_\_\_ Are you hindered in praise and worship? \_\_\_\_\_ Are you hindered in Bible reading? \_\_\_\_\_ Are you hindered in moving in the gifts of the Holy Spirit? \_\_\_\_\_

Are you hindered in hearing God's voice? \_\_\_\_\_

Have you read "A More Excellent Way," by Pastor Henry Wright? \_\_\_\_\_ Pigs in the Parlor? \_\_\_\_\_ Placebo? \_\_\_\_\_

Any other books on deliverance? \_\_\_\_\_

Have you ever been to a deliverance ministry? \_\_\_\_\_ When? \_\_\_\_\_

Do you feel that you are called into ministry? \_\_\_\_\_

**List Medications Prescribed for Disease Issues:** Use the back of this page if needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatments, Including Surgery & Psychiatric:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever thought about suicide? \_\_\_\_\_ Have you tried to commit suicide? \_\_\_\_\_

Have you suffered a nervous breakdown? \_\_\_\_\_ Have you ever been in a mental ward? \_\_\_\_\_

Have you had shock treatment? \_\_\_\_\_

**Diseases in Past Generations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your spouse committed adultery that you know of? \_\_\_\_\_

Has your spouse been involved in the occult? \_\_\_\_\_

How many times have you been married? \_\_\_\_\_

### **Generational Sins**

Example: adultery, spirit of control, addictions, alcoholism, drug abuse, bitterness, blame game, depression... Of natural parents, and grandparents. If you were adopted or do not know, write "Unknown"

**Mom:** \_\_\_\_\_

\_\_\_\_\_

**Dad:** \_\_\_\_\_

\_\_\_\_\_

**Grandparents (Maternal):** \_\_\_\_\_

\_\_\_\_\_

**Grandparents (Paternal):** \_\_\_\_\_

\_\_\_\_\_

**Siblings:** \_\_\_\_\_

\_\_\_\_\_

Has there been a history of physical illness in your family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what illnesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your Birth Conditions & Mother's Pregnancy** Please mark the boxes that apply

<input type="checkbox"/>	Took Drugs during pregnancy	<input type="checkbox"/>	Mom did NOT want you
<input type="checkbox"/>	Smoked during pregnancy	<input type="checkbox"/>	Dad did NOT want you
<input type="checkbox"/>	Drank alcohol during pregnancy	<input type="checkbox"/>	You were given up for adoption
<input type="checkbox"/>	Experienced trauma during pregnancy	<input type="checkbox"/>	Children Next child after miscarriage/abortion
<input type="checkbox"/>	Conceived out of rape	<input type="checkbox"/>	Conceived out of wedlock
<input type="checkbox"/>	Dad died/left during pregnancy	<input type="checkbox"/>	Premature birth
<input type="checkbox"/>	Too young/not ready for kids	<input type="checkbox"/>	C-section delivery
<input type="checkbox"/>	You were the wrong sex	<input type="checkbox"/>	Pregnancy/delivery complications

**Family Patterns** Please mark the boxes that apply

<input type="checkbox"/>	Lack of communication b/w spouses	<input type="checkbox"/>	Addictions
<input type="checkbox"/>	Lack of communication b/w parents & child	<input type="checkbox"/>	Business, financial, other losses
<input type="checkbox"/>	Men dominate over women	<input type="checkbox"/>	Children favored, idolized
<input type="checkbox"/>	Women dominate over men	<input type="checkbox"/>	Children not valued, neglected
<input type="checkbox"/>	Broken marriages/divorce	<input type="checkbox"/>	Rivalry, fights, feuds
<input type="checkbox"/>	Family Secrets	<input type="checkbox"/>	Chronic illness/sickness
<input type="checkbox"/>	Unfulfilled lives and/or destiny	<input type="checkbox"/>	Premature deaths
<input type="checkbox"/>	Men/women workaholics	<input type="checkbox"/>	Most family members saved
<input type="checkbox"/>	Abuse: emotional, verbal, physical	<input type="checkbox"/>	Most family members NOT saved
<input type="checkbox"/>	Abuse: sexual or Incest	<input type="checkbox"/>	Pride/ Arrogance

Family Explanation and/or Other:

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Have you or your spouse had or attempted an abortion? \_\_\_\_\_

**Parental Relationships**

Natural Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

Rate Parents Marriage: Unhappy \_\_\_\_\_ Average \_\_\_\_\_ Happy \_\_\_\_\_ Very Happy \_\_\_\_\_

IF parents separated or divorced, how old were you? \_\_\_\_\_

You lived with Mother \_\_\_\_\_ Father \_\_\_\_\_ Family Member \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

Deceased, if so, how old were you when your parents passed away? \_\_\_\_\_

**Significant Life Events & Traumatic Experiences**

<input type="radio"/> Childhood <input type="radio"/> Teenager <input type="radio"/> Adulthood <input type="radio"/> Adopted <input type="radio"/> Does not apply	<input type="radio"/> Abortion <input type="radio"/> Murder <input type="radio"/> Rape <input type="radio"/> Incest <input type="radio"/> Does not apply	<input type="radio"/> Molestation <input type="radio"/> Sexual Abuse <input type="radio"/> Emotional Abuse <input type="radio"/> Controlled by another <input type="radio"/> Does not apply	<input type="radio"/> Death of loved one <input type="radio"/> Physical attack <input type="radio"/> Does not apply
<input type="radio"/> Divorce Does it run in your family? <input type="radio"/> Yes <input type="radio"/> No		<b>Please</b> , explain answers as well as ANY other significant events that had an impact on your life, or traumatic experiences on next page. Even having seen abuse, etc. All of this needs to be written down; it is very important.	

Were you abused as a child: Sexually \_\_\_\_\_ Verbally \_\_\_\_\_ Emotionally \_\_\_\_\_ Controlled \_\_\_\_\_  
Neglected \_\_\_\_\_

Have you ever been molested or raped? \_\_\_\_\_ Who was the first person that you willingly had sex with? \_\_\_\_\_ Your spouse \_\_\_\_\_ first love \_\_\_\_\_ Experimentally \_\_\_\_\_ What was your age? \_\_\_\_\_

**Underline or highlight the following sentences below if any describe your thoughts:**

Rejection: I don't belong. No one cares what I feel. No one will love or care about me, just for me. I will always be lonely. There is no 'special someone' for me.

Unworthiness: I am not worthy of love, God, friends, spouse, life or anyone's effort. I am a bad person. Everything is my fault. If you knew the real me, you would hate me. I have messed up so badly, I have missed out on what God had for me.

Self-Worth, Value Recognition: I never get credit for what I do. My value is in what I do, even when I do/give my best, it's not enough. God doesn't care if I have a secret life, as long as I am a "good person". I am valuable, because I do good to others.

Control: I have to plan everything. I continually strategize. I can't relax if I don't have a plan. The perfect life does not allow conflict, so there is peace. I isolate myself from other people and/or animals, so I won't be hurt, rejected, etc. anymore. I am passive so I can avoid conflict that would bring disapproval from others.

Physical: I am ugly and unattractive. I am fat. God short-changed me. I am doomed to have certain physical disabilities.

Personality Traits: I am angry, jealous, shy, insecure, fearful, happy, passive, etc. I will never be likeable, loveable, happy, safe, content, etc.

Identity: I should have been a boy/girl, and then my parents would have loved me. "So and So" has it better than me. I could never be who God really wants me to be.

Miscellaneous: I have wasted a lot of time and energy/my best years! Turmoil is normal for me. Drama, drama, drama is my life ... I will always have money issues. I just don't have the time, energy, resources, etc. to fully follow God.

Very honestly, when you look in the mirror what do you see? What do you believe about yourself?

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Very honestly, what do you think others see when they look at you?

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### **Conflicts, Unforgiveness & Resentment**

Do you have any conflict, un-forgiveness and/or resentment with people in your relationships? Family? Another person? Yourself? Please explain.

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### **Occultism**

Have you ever been hypnotized? \_\_\_\_\_

Do you watch video music channels? \_\_\_\_\_ Soap Operas? \_\_\_\_\_ Pornography? \_\_\_\_\_

**Free Masonry involved in present and past generations** Example: The Masonic Lodge, Shriners, Eastern Star, DeMolay, Rainbow Girls, The Illuminati, Moose Lodge etc. This brings on generational curses of disease, and accidents and premature death.

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**Have you practiced or participated in occult activities?** Example: Astrology, Fortune Tellers, Tarot Cards, Ouija Board, Yoga, Reflexology, Acupuncture, Acupressure, Young Living Essential Oils, channeling, secret organizations, Deepak Chopra, Hinduism, Buddhism, Muslim, Wicca, Witchcraft, American Indian rituals, meditation, New Age healing, mind control, martial arts, played with magic, celebrated Halloween, etc.

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Have you ever been involved in Satanic Ritual Abuse? Were family members involved?

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What is the most frightening thing that you have ever experienced?

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If you feel necessary to explain more, please keep your explanation about yourself and not about other family members or past partners. This is not about blame but taking responsibility for your own actions.

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