

Biblical Reunification Class

Participant Application and Participant Agreement

Program Overview

- **Program Title:** *"Biblical Pathway to Reunification: Restoring Families Through Faith"*
 - **Program Duration:** 6 Weeks (One session per week, 2 hours per session)
 - **Location:** 210 N. Auburn Farmington, NM 87401
 - **Program Fee:** \$400.00
 - **Program Description:** This 6-week course focuses on healing, reconciliation, and restoration through biblical principles and evidence-based counseling techniques. It is designed to prepare parents for reunification with their children by addressing relational, emotional, and spiritual needs.
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Participant Application

1. Personal Information

Full Name:

Date of Birth:

Age:

Phone Number:

Email Address:

Address:

Emergency Contact Name:

Phone:

2. Family Information

1. **Number of Children in the Reunification Process:** _____

2. **Children's Ages:** _____

3. Current Custody Arrangement:

Full Custody Partial Custody No Custody Other: _____

4. Reason for Family Separation (check all that apply):

Substance Abuse

Legal/Criminal Issues

Foster Care/Child Protective Services

Mental Health Concerns

Relational Conflict

Other (please explain): _____

5. What steps have been taken toward reunification so far?

3. Referral Information

• **Who referred you to this program?**

(Check one):

Court/Legal System

Child Protective Services (CPS)

Therapist or Counselor

Pastor or Faith-Based Organization

Self-Referral

Other: _____

• **If referred by a legal agency or CPS:**

○ **Agency Name:** _____

○ **Contact Person:** _____

○ **Phone Number:** _____

4. Faith and Personal Goals

1. Do you identify with a particular faith tradition?

Christian Other: _____ None

2. What role does faith play in your life?

3. What do you hope to gain from this class?

4. Are you currently engaged with a church or faith-based community?

Yes No

- If yes, please provide details: _____

Program Rules and Expectations

1. Attendance Commitment

- I agree to attend all 6 weekly classes in full.
- I understand that missing more than **one session** may impact my ability to complete the program.

2. Faith-Based Curriculum

- I understand that this program is biblically centered and incorporates scripture, prayer, and Christian principles as part of the teaching process.
- I agree to approach the program with an open mind and heart.

3. Respectful Conduct

- I will treat all participants, staff, and facilitators with respect and compassion.
- I will maintain confidentiality regarding what is shared by others in the group.

4. Participation and Homework

- I agree to actively engage in discussions and activities during class.
- I will complete all assigned homework, including Bible readings and reflections.

5. Commitment to Reunification

- I commit to using the tools and principles taught in this program to work toward healing and reconciliation with my children.
- I acknowledge the importance of patience, humility, and forgiveness in this process.

6. Legal and Reporting Requirements

- If referred by a court, CPS, or another agency, I consent to communication between program staff and the referring entity regarding my participation and progress.

- I understand that any violations of program rules or failure to complete the program may be reported to the referring entity.

7. Payment Agreement (if applicable)

- I agree to pay the total program fee of \$_____ in full before the start of the program or as follows:
 - Full Payment: Due before program start.
 - Payment Plan: \$_____ deposit and \$_____ weekly payments.
- I understand that failure to make payments may impact my participation in the program.

8. Completion Requirements

- I understand that to successfully complete this program and receive a certificate of completion:
 - I must attend at least 5 out of 6 sessions.
 - I must participate actively in discussions and assignments.
 - I must demonstrate effort in applying the principles taught during the program.

Consent and Signature

Participant Agreement

By signing below, I agree to the terms and conditions outlined in this contract. I commit to participating fully and taking responsibility for my role in the reunification process.

Participant Name (Printed):

Participant Signature:

Date:

Program Staff Agreement

| Staff Name (Printed):

| Staff Signature:

| Date:

Supporting Documentation Checklist

Please attach or provide the following documents:

1. Referral letter (if applicable)
 2. Legal/CPS documentation regarding reunification (if applicable)
 3. Photo ID
 4. Payment or payment plan agreement (if applicable)
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Program Notes for Staff Use Only

Application Received Date:

Approved for Participation?: Yes No

Staff Notes: