

Thank you for your interest in our prayer counseling services. We are so glad you have reached out to us, and we look forward to working with you!

Please read the attached paperwork carefully, as it outlines our service, payment, and legal information. Should you decide to move forward, we'll need you to fill out these pages and send them back to us. This information will help us understand what your need is and if we are a good fit for you.

Once we've reviewed your completed documents, you'll receive a lengthier Life History Form to fill out, along with a few other important documents we will need to have you read, sign, and return to us.

Prayer counseling sessions are available in person at our offices located in Rathdrum, Idaho, or via Zoom. As we do not offer on-site accommodation, clients are responsible for their own lodging and transportation.

Our intensive session consists of 12 hours of ministry over three consecutive days (Monday through Wednesday) for 4 hours each day. Clients can choose morning or afternoon sessions. The cost is \$985. We require a \$300 non-refundable deposit to hold your appointment time.

As we are closed on Fridays, these sessions take place Monday through Wednesday. Generally, sessions are held in the mornings from 8:00 a.m. through 12:00 p.m. or during the afternoons from noon to 4:00 p.m.

If you have questions, please don't hesitate to call or email. We would love to help in any way we can!

Warmest regards,

Elijah House Ministries

STEP ONE INSTRUCTIONS

Thank you for your interest in our prayer counseling services! We are so glad you have reached out to us, and we look forward to working with you.

Also, well done! It isn't necessarily easy to recognize, "I need healing!" But you have contacted us, which means you can tell that something inside you needs to come face to face with the restoration of Jesus. We think it is amazing that you are taking this step, and we want to do everything we can to assist you as you move forward into the more abundant life of Jesus.

If you have any questions about our application process, please let us know, and we will be happy to answer them.

Carefully read the following pages. This application contains 5 different forms that need to be read, signed, dated, and sent back to us.

A. Elijah House Prayer Counseling Disclosure

This form answers frequently asked questions about Elijah House prayer counseling. This information will help you know what to expect during your time with us.

B. Prayer Counseling Prescheduling Questionnaire

This form asks basic questions and helps us get a better idea of how we can serve you.

C. Authorization to Release Confidential Information to Elijah House, Inc.

This form is needed if you are under the care of a mental health professional such as a therapist, psychologist, or psychiatrist. It authorizes us to contact the person (if necessary) and ask questions, so we can ensure our ministry time with you will be helpful and good for you.

D. Parental Consent Form

This form is necessary when the person coming to us for prayer counseling is under the age of 18. As the parent or legal guardian, please sign and date the form.

E. Hold Harmless Agreement

This form highlights the methods and procedures of Elijah House prayer counseling.

That's it!

Once you have returned your completed STEP ONE forms, we'll email you our STEP TWO, Life History form. This form gives your prayer counselor even more understanding as to your unique heart healing needs.

Thank you again for reaching out to us. We believe the Lord has great and mighty things in store for you! You are so dear to His heart, and your welfare is of deep concern to Him. We are pleased that we get to be a part of your journey to heart health and incredible freedom!

Many blessings,

The Elijah House Prayer Counseling Department

Elijah House Prayer Counseling Disclosure

Elijah House Prayer Counseling Model

Elijah House counseling, founded through the pioneering work of John and Paula Sandford, is pastoral in nature, based on scriptural principles, and led by the Holy Spirit. The purpose of Elijah House prayer counseling is to discover root causes that contribute to sinful patterns, broken relationships, and other kinds of “bad fruit” in a person’s life. Prayer counselors facilitate a meeting with the Holy Spirit, so the client can hear Him in their own heart concerning wounds, hurts, painful events, etc. Essentially, we ask the Holy Spirit, “What are You putting Your finger on right now?” Then we respond accordingly. Once roots are discovered, the prayer counselor leads the person in prayer to the foot of the cross—to forgive those who wounded them and to receive forgiveness for judging, condemning, criticizing, etc.

Elijah House’s prayer counselors are gifted and mature in what they do. They minister by biblical principles under the Holy Spirit’s guidance. They do not follow a formula, nor is their goal to check off the “list” of issues a client may feel they need help with. Rather, the prayer counselor’s role in the healing process is to facilitate what the Holy Spirit wants to accomplish in each individual, and sometimes that means sticking with an issue, giving instruction where they feel led, until the Holy Spirit releases them to move on.

Elijah House, Inc. is non-denominational and provides services to people from all denominations. We are not a church, nor are we an in-house or in-patient facility. We address all personal issues except those that are genetic, stem from brain damage, or require live-in treatment. Sessions offered are typically one-on-one; however, an intern or intercessor may be present in an observation/prayer-support capacity. Please keep in mind that our prayer counselors, interns, and intercessors adhere to a strict policy of confidentiality.

Heart Healing (Inner Healing) Is a Lifelong Journey

We believe healing is a journey. Just as the physical body requires time to heal, the heart is the same way. We do not expect our clients to be suddenly healed after one session with us, though we do expect them to hear the Holy Spirit’s voice in their hearts and be profoundly touched.

We Are Not a Crisis Center

We do not provide prayer counseling for those in immediate crisis situations. We are not a crisis-care center, nor do we provide supervised or overnight care for mental illness, drug/alcohol addictions, suicide prevention, or other immediate crisis-care situations. In such cases, contact your local hospital, drug/alcohol rehabilitation center, or crisis center.

Childcare

Childcare is not provided. Please ensure that you have childcare available while meeting with your prayer counselor in person and/or over Zoom.

Payments and Donations

A \$300 non-refundable deposit is needed to hold a date for you. Once Elijah House has received all forms and payments (or deposits), your date for prayer counseling will be scheduled. We accept Visa, Mastercard, Discover, American Express, check, money order, or cash. Please make checks payable to “Elijah House,” and note “prayer counseling” or “donation,” along with your appointment date, on the lower left memo line. All amounts must be in U.S. funds.

Is Your Donation Tax-Deductible?

According to IRS law, a tax deduction can be obtained on what you give beyond fair market value of service received. The fair market value of our intensive prayer counseling session (12 hours over 3 days) is \$985. The IRS further states that a tax-deduction receipt can be written only for donations of \$250 or more. A tax-deductible receipt will be made available to you if your donation is \$250 or more above the fair market value of the service you receive.

Insurance

Because Elijah House provides a Christ-centered approach to prayer counseling and not that of a licensed clinical therapist, insurance company plans typically do not include coverage for our services. Elijah House prayer counseling staff are not licensed by the state, nor are they clinical therapists. Contact your insurance agent to inquire about what your coverage with them allows.

Satisfaction or Non-Satisfaction with Ministry Rendered

Prayer counseling provides an opportunity for heart healing. As with any type of ministry, there is no guarantee as to what your response will be to the healing process. Elijah House makes no promise or guarantee relative to your personal satisfaction regarding the outcome of heart-healing ministry. There are certain risks in all forms of counseling, and we believe in the value of prayer counseling in preventing patterns of hurt from continuing in your life. However, you have the prerogative to stop your prayer counseling session at any time or for any reason. Elijah House reserves the right to discontinue a prayer counseling session at any time and/or to refer a client to another prayer counselor or professional when necessary.

Permission, Confidentiality, Duty to Report

I hereby give permission to my Elijah House prayer counselor to consult, as necessary, with other members of the Elijah House prayer counseling staff and/or executive management team. It is with this understanding that I, the undersigned, enter into this ministry relationship and assume the responsibilities as set forth in the document above. I understand that my right to confidentiality will be respected. I also understand that no information will be disclosed outside the prayer counseling staff and/or executive management of Elijah House, except in situations where it is required by law to report the following to the appropriate authorities:

1. Physical or sexual abuse of a child still under the age of 18;
2. Imminent danger of physical harm to oneself or others; and/or
3. Imminent danger of suicide.

I have fully read and agree to abide by the contents of this form:

Signature

Date

Parent or legal guardian's signature

Date

Prayer Counseling Prescheduling Questionnaire

SECTION ONE: General Information

Full name _____ Date of birth _____ Age _____

Email: _____ Cell phone: _____

Address: _____

City: _____ State _____ Zip: _____

Emergency Contact

Full name _____ Cell phone: _____ Other phone: _____ Relationship: _____

How did you first hear about Elijah House?

How do you prefer to receive your prayer counseling?

OnSite Zoom Morning Afternoon

What dates, times or weeks are you available? (Please give 3 options.)

Briefly describe why you are seeking prayer counseling at Elijah House.

SECTION TWO: Diagnoses History

It is our goal to provide you with the best care and ministry possible. Please answer the following questions with honesty and transparency.

Has a healthcare professional ever suggested that you might have any of the following conditions/ disorders? (At the end of this form, we have included brief descriptions of certain conditions/ disorders and how prayer counseling could affect symptoms. Please see notes starting on p. 8.)

| | | |
|--|------------|-----------------|
| 1. Depression /Depressive Disorder | Suggested: | Diagnosis date: |
| 2. Burnout | Suggested: | Diagnosis date: |
| 3. Chemical Addiction (Alcohol/Drugs) | Suggested: | Diagnosis date: |
| 4. Dissociative Identity Disorder (DID) | Suggested: | Diagnosis date: |
| 5. Obsessive Compulsive Disorder (OCD) | Suggested: | Diagnosis date: |
| 6. Narcissistic Personality Disorder (NPD) | Suggested: | Diagnosis date: |
| 7. Borderline Personality Disorder | Suggested: | Diagnosis date: |
| 8. Bipolar Disorder | Suggested: | Diagnosis date: |
| 9. Schizophrenia | Suggested: | Diagnosis date: |
| 10. Satanic Ritual Abuse (SRA) | Suggested: | Diagnosis date: |
| 11. Physical Illnesses* | Suggested: | Diagnosis date: |

*Please list any major chronic illnesses.

If you've been diagnosed with any of the previously mentioned disorders, please answer the following questions:

A. Are you currently experiencing symptoms or episodes related to any of the above?

Yes No

If **yes**, briefly describe the frequency, intensity, and your ability to function daily.

If **no**, how long has it been since you last experienced symptoms or episodes?

B. What medications are you presently taking for these conditions (i.e., antidepressants, antianxiety medications, antipsychotic medications)? Please list all medications (past and present).

C. If you have discontinued the use of prescribed medications within the past six months, have you done so with the consent of your doctor/mental health professional?

Yes No

D. Have you had a history of chemical dependency (alcohol or drugs)?

Yes No

E. Are you currently dependent or addicted to alcohol or drugs (prescription or nonprescription)?

Yes No

If **yes**, what are you dependent on or addicted to?

How often do you use these substances?

If **no**, how long have you been clean and sober?

Are you in any accountability relationships or programs? If so, please list them here:

F. Are you presently seeing a counselor?

Yes No

If **yes**, what type of counseling are you receiving?

Inner Healing Licensed Therapist Psychologist Psychiatrist Prayer

Other:

G. Does your doctor or mental health professional feel that your symptoms are consistently stable enough for you to undergo prayer counseling?

Yes No

NOTE: If you have any of the aforementioned diagnoses and/or are presently under the care of a doctor or mental health professional, please fill out and sign the attached **Authorization to Release Confidential Information to Elijah House** form.

Notes Regarding Conditions/Diagnoses Listed Above

1. Depression/Depressive Disorder

We have found that heart healing can be quite effective in treating depression. However, when depression is severe enough that daily functioning is seriously compromised, responding to prayer counseling can become too difficult.

2. Burnout

Usually, burnout is not a major hindrance to the prayer counseling process. However, we have noticed that a person whose exhaustion level is particularly extreme may no longer possess the objectivity to gauge his/her ability to track with a prayer counselor. If you are in burnout, ask your pastor or other close

friends or associates (people who know you well) to assess whether you have enough energy to undergo prayer counseling at this time. If it is agreed that you do not, ask them to help you assess how long a period of rest and recuperation you will need before scheduling sessions with us.

3. Chemical Addiction (Alcohol or Drugs)

Elijah House's policy is that clients be clean and sober for no less than six (6) months prior to booking a prayer counseling session. If this is not the case in your situation, we encourage you to become accountable to a pastor, a 12-step program, rehabilitation center, or other community resource(s) so you can be successfully drug- and alcohol-free before engaging in prayer counseling with us.

5. Obsessive Compulsive Disorder (OCD)

This diagnosis would include subsets of OCD such as scrupulosity (the religious version of OCD), hoarding, compulsive hair plucking, etc. Though OCD can come out of issues related to unhealed places in the heart, there is usually some type of brain malfunction involved. In some cases, heart-healing ministry may remove enough stressors so that the brain is less easily triggered to engage in OCD behaviors. In other cases, however, the brain may not be capable of responding to heart-healing ministry. Therefore, it is not advisable to come to Elijah House if OCD is the only issue you need help with.

7. Borderline Personality Disorder

This disorder can involve sudden and volatile mood changes. We need to make sure you are able to handle the stress of receiving prayer counseling from a new person in an unfamiliar place.

8-9. Psychoses Such as Bipolar Disorder and Schizophrenia

While psychosis is rooted in a compromised brain structure and/or chemistry, a heart in the process of healing can be a contributing factor to stress that could trigger psychotic episodes. If brain chemistry is consistently stable enough, heart healing may reduce such inner stresses. However, if brain chemistry is too fragile, and psychotic episodes are typically severe, exploring emotional issues may trigger episodes that can endanger you; you may find yourself far from home without family support and in need of hospitalization. The questions we ask in this form help us discern if prayer counseling would be safe and advantageous for you at this time.

11. Physical Illnesses

Although physical illness is sometimes caused or influenced by issues related to unhealed places in the heart, it is often simply the result of living in a fallen world. Therefore, it is not advisable to come to Elijah House if physical illness is the only issue you need help with. However, it is also possible that as we work with you in areas that need prayer counseling, the physical illness or certain symptoms could be abated.

To the best of my knowledge, I have not falsified any information I have disclosed in this form. The information I have provided here is true and accurate.

Signature

Date

Authorization to Release Confidential Information to Elijah House

This form is needed if you are under the care of a mental health professional such as a therapist, psychologist, or psychiatrist. It authorizes us to contact the person (if necessary) and ask questions, so we can ensure our ministry time with you will be helpful and good for you.

Client name

Date

I authorize the following individual(s) to release any confidential information, verbal or written, regarding personal issues discussed during my therapy or counseling sessions to **Elijah House Ministries at 14950 N. Coeur d'Alene St., Rathdrum, ID 83858.***

Name of counseling professional

Phone

Email address

Client/Applicant signature

Date

Signature of parent, guardian, or legal representative if Applicant is a minor

Date

** This authorization is valid for one year unless rescinded in writing to Elijah House at the above address.*

Parental Consent Form

I confirm that I, _____, am the parent/legal guardian of

_____. I consent for this minor child to receive prayer counseling by
and through Elijah House. Further, I also understand that Elijah House policy requires that the parent/
legal guardian of a minor under the age of 18 be available/present during the minor child's scheduled
prayer counseling session times, and I will make myself available in accordance with this policy.

Name (please print):

Signature

Date

Contact Details

Name of child

Address

Phone number of Parent or Legal Guardian

Hold Harmless Agreement

Instructions: Please initial where indicated, and sign in the box provided below.

Initial

PRAYER COUNSELORS: I understand that Elijah House is a prayer counseling ministry. I understand that Elijah House's prayer counselors do not purport to be professional or licensed counselors, therapists, or medical or psychological practitioners.

METHODS: I understand that the methods used by Elijah House will include prayer expressed by both the prayer counselor and the client and may also include prayer to eliminate demonic influences. I understand that the methods used by Elijah House may not be clinically demonstrated to guarantee either short-term or long-term results.

CHOICE TO PARTICIPATE IN PRAYER COUNSELING SESSIONS:

This is to certify that I voluntarily consent to participate in prayer counseling session(s) received through Elijah House, Inc.

I understand that I have the option to terminate sessions at any time. I realize that I must take full responsibility for any and all consequences of prematurely terminating my participation in the session(s).

HOLDING HARMLESS:

I do not hold Elijah House or its prayer counselor(s) responsible for whatever may emotionally, spiritually, mentally, or physically manifest during any session(s) in which I may participate, now or in the future.

I do not hold Elijah House or its prayer counselor(s) responsible for my well-being at any time following my prayer counseling session(s). I take full responsibility for my life, health, and well-being, now and in the future.

I hereby release Elijah House and its prayer counselor(s) from liability for all acts, performed in good faith and without malice, in connection with prayer counseling session(s).

CONFIDENTIALITY: I understand that Elijah House and its prayer counselor(s) will keep confidential any personal information that may be shared by anyone during my session(s). I also understand that my prayer counselor(s) may need to consult others on the Elijah House prayer counseling team for advice regarding my case, but this will be done respectfully and with a great deal of safety for you. I am also aware that my prayer counselor(s) is mandated by law to intervene if he/she suspects that a child (currently under the age of 18 years), an elder (over the age of 64 years), or a vulnerable adult* has been abused physically or sexually, or is clearly a danger to him/herself or others.

**A vulnerable adult is one who by virtue of age, physical injury, disability, disease, or psychiatric, emotional, or developmental disorder is unable to independently provide for his/her own basic necessities and/or defend him/herself.*

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I fully understand the content and meaning set forth in this form, and I demonstrate my agreement and compliance by signing below.

Client name (please print):

Signature

Date

If the client is under age 18, both parents must sign below UNLESS he/she lives with a legal guardian.

Parent's name (please print):

Signature

Date

Parent's name (please print):

Signature

Date

Legal guardian's name (please print):

Signature

Date

After you have completed the form please use the "Submit" button below to forward to the Elijah House team.

NOTE: THIS DOCUMENT MUST BE DOWNLOADED AND SAVED TO YOUR PERSONAL DEVICE IN ORDER TO SEND ELECTRONICALLY.

SUBMIT TO EH VIA EMAIL