



# Healed People, *Heal* People

Biblical freedom and peace can be yours

## Biblical Healing & Deliverance Ministry Application for a Single, Small Issue

Please type, complete and digitally sign this document in Adobe Reader.

*Biblical healing and deliverance for a single, small issue that is affecting his/her life. Please complete the following that will help determine the root issues underlying your small issue.*

*Generally, Single-Issue Ministry will be accomplished in one 3 hour meeting. Your ministry team will normally be the ones ministering to you.*

*If you should need additional ministry, your ministry team, along with other Church Oversight leaders, can discuss with you the best possibility for referral.*

*Please sign and date both Waiver of Liability and Confidentiality forms. Your ministry team will keep one form.*

### PERSONAL INFORMATION

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

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried ☐

Presently living with: Parents ☐ Spouse ☐ Alone ☐ Other \_\_\_\_\_

### MARITAL BACKGROUND

Spouse's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Please rate Your marriage: Dissatisfied ☐ Average ☐ Satisfied ☐ Very Satisfied ☐

If your current issue involves your spouse, is he/she willing to also receive 1-2 ministry sessions?

Yes ☐ No ☐ Uncertain ☐ Is spouse saved? Yes ☐ No ☐ Uncertain ☐

Is this your first marriage? Yes ☐ No ☐ If not, please explain: \_\_\_\_\_

### CHILDREN

*If you have any children or step-children, please fill in the following information.*

Name	Age	Sex	From which Marriage?	Self Supporting?	Married?	Still Alive?	Age at and cause of death

## SPIRITUAL/RELIGIOUS BACKGROUND

Have you made a commitment to Jesus Christ as Lord and Savior? Yes ☐ No ☐ When? \_\_\_\_\_

Briefly tell what happened: \_\_\_\_\_

Have you received the Baptism of the Holy Spirit? Yes No When? \_\_\_\_\_

Describe your present relationship with the Lord: \_\_\_\_\_

Please list all previous church affiliations: \_\_\_\_\_

## DESCRIPTION OF YOUR CURRENT ISSUE

1. Describe the issue that prompted you to seek ministry at this time.

2. How is your life affected by this issue?

3. How do you feel about yourself because of this issue?

4. What is the most painful or difficult thing for you about this issue?

5. On a scale of 1-10, how painful is this issue (10 being very painful)?

6. How are others that you love being affected because of this issue?

7. How is your relationship with God being affected by this issue?

: 0 When did the issue begin? Is it an ongoing issue?

"

"

; 0 List any similarities between your current issue and painful situations you have experienced in your childhood. List any similarities with painful situations in the more recent past.

"

"

320 What will happen if this issue is not resolved?

[illegible]

330 What do you see as your contribution to the issue?

[illegible]

340 What patterns or issues in your family line do you believe may be similar to your issue?

[illegible]

350 What ways have you already tried to resolve this issue?

[illegible]

360 Please list any word curses spoken to/about you, either currently or in the past, that could relate to your current issue. Example: "You are such a failure," or "You are so stupid."

[illegible]

370 Please list any curses (or thoughts) you have spoken about yourself that relate to the issue. Example: "I will never be able to succeed."

[illegible]

380 Please list any judgments or vows you have made against anyone else that might relate to your current issue. Example: "Men/women are untrustworthy and will always let me down."

[illegible]

## ANCESTORS' BACKGROUND

The next few pages provide and give you an opportunity to present an overview of your ancestors and their areas of sin that might be having an impact on your current issue.

From what country(s) did your ancestors originally come? \_\_\_\_\_

What are the ethnic backgrounds of your ancestors? \_\_\_\_\_

What are the church backgrounds of your ancestors? \_\_\_\_\_

In what geographic areas have they primarily lived: \_\_\_\_\_

Were they ever connected with slavery, i.e. owners, traders, or slaves? \_\_\_\_\_

Were they involved in unfair business practices? \_\_\_\_\_

Were they involved in the Occult? \_\_\_\_\_

Most family members are/were saved    Most family members are not /were not saved

Please include any other information that is relevant to your current issue. \_\_\_\_\_

## PARENTS' BACKGROUND

Parents: Married    Separated    Divorced    Remarried    Saved? Father ☐ Mother ☐

Rate your parents' marriage: Unhappy    Average    Happy    Very Happy ☐

If parents are/were separated/divorced, how old were you at the time of the separation/divorce? \_\_\_\_\_

Father remarried when you were age \_\_\_\_\_ Mother remarried when you were age \_\_\_\_\_

You lived with: Father    Mother    Step Parent    Foster Parent    Other \_\_\_\_\_

Father deceased? Yes    No    How old were you at the time of death? \_\_\_\_\_

Mother deceased? Yes    No    How old were you at the time of death? \_\_\_\_\_

On a scale of 1- 10, rate how much each parent loved you. Give examples of how they showed their love.

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Give three words that characterize your relationship with your father. 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Give three words that characterize your relationship with your mother. 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PLEASE FILL IN THE BLANK

I often felt that my mother \_\_\_\_\_

I often felt that my father \_\_\_\_\_

## Commitment, Referral, and Waiver of Liability and Confidentiality

### Office Copy

#### EXPECTATIONS OF YOUR COMMITMENT

I understand it is expected that I have a sincere desire to overcome whatever problems are hindering me, and I am expected to cooperate fully with my Minister and with the Holy Spirit in order to facilitate receiving God's help. My Minister may ask me to pray, fast, or do some outside 'homework' in conjunction with my ministry. He also may ask me to be accountable to him for some specific areas of my life or for some specific behaviors.

#### REFERRAL

If my Minister is not equipped or able to minister to my particular need or if I need longer term ministry, he may, in conjunction with the Pastors and/or their designated representative, refer me to appropriate help.

#### WAIVER OF LIABILITY

I understand that I will be seeing a Minister who will be able to listen, support, encourage, pray, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that he may not be a licensed or professional pastor or counselor.

#### WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to the Minister (and to any other assistant present) are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to 'complete' confidentiality in the following situations:

- I accept that my Minister may give a verbal summary report of the ministry to his oversight person.
- I accept that my Minister may consult with the Church Pastors and/or their designated representatives concerning his ministry to me with the purpose of providing me with more effective ministry.
- I accept that the Church Pastors, and/or their designated representatives, will be informed of any ongoing, willful sin in my life in which I am not willing to pursue freedom and healing.
- I acknowledge that Pastors, Counselors, Church or Cell/Small Group Leaders, Ministers or any other persons involved in working with adults and children in a helping setting are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority any harm, or potential harm, that a person may attempt or desire to do to one's own self or to others.
- I acknowledge that Pastors, Counselors, Cell/Small Group Leaders, Ministers etc., are also required to report any reasonable suspicion of physical or sexual abuse that has been done or that is being done to a minor child.
- I accept that all Pastors, Counselors, Cell/Small Group Leaders, Ministers, etc. at \_\_\_\_\_ Church reserve the right to make such reports as mandated by law whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Minister's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistant Minister's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Commitment, Referral, and Waiver of Liability and Confidentiality

## Ministry Team Copy

### EXPECTATIONS OF YOUR COMMITMENT

I understand it is expected that I have a sincere desire to overcome whatever problems are hindering me, and I am expected to cooperate fully with my Minister and with the Holy Spirit in order to facilitate receiving God's help. My Minister may ask me to pray, fast, or do some outside 'homework' in conjunction with my ministry. He also may ask me to be accountable to him for some specific areas of my life or for some specific behaviors.

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- I acknowledge that Pastors, Counselors, Cell/Small Group Leaders, Ministers etc., are also required to report any reasonable suspicion of physical or sexual abuse that has been done or that is being done to a minor child.
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By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Digital signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Minister's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistant minister's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY PATTERNS

Answer Questions 1-2 as how they **strongly relate** to your current issue.

1. What are some common negative emotions in your family line that may or may not be in your life also? [example – shame, guilt, fear, rejection, etc.]

aaa\_\_\_\_\_aaaaa "\*\*\*\*\*"  
 aa "

2. What are some common negative behaviors in your family line that may or may not be in your life also? [example – religious, rebelliousness, people pleasing, controlling, etc.]

\_\_\_\_\_aaa "  
 \_\_\_\_\_aaa "

## OPEN DOORS, FAMILY SIN PATTERNS

Please identify the sin patterns that your ancestors, and/or you, are involved with that relates to your issue. The 'S' (self) column is for you and the 'A' (ancestors) column is for your parents, grandparents, and/or your great grandparents. Please check (X) each pattern that applies. Please check (X) the 'R' (related) column for each pattern that you believe **strongly relates** directly to your current issue. Please consider these items as honestly as you can.

**Examples:**

<b>A</b>	<b>S</b>	<b>R</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**'Failure**

<b>A</b>	<b>S</b>	<b>R</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Pride** (Strongly Related to My Issue)

(Note: in the examples, both ancestors and 'self' were involved in these sins.)"

### A S R

- |                          |                          |                          |                               |
|--------------------------|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abandonment                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Emotional               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Physical                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Sexual                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Spiritual               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Verbal                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Addictions/Compulsions        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia/Bulimia              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger/Rage                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bitterness/Criticalness       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bound/Hindered Emotions       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chronic Illness               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confusion                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communication, Little or Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Control Issues                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cult Involvement              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cutting                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cyber Sex                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Death, Premature Death        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deception/Lying               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deceptive Business Practices  |

### A S R

- |                          |                          |                          |                           |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Demonic Torment           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depression/Grief          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce/Separation        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drugs, Legal/Illegal      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emotional Abandonment     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Failure                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family Secrets            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Favoritism                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fears/Anxiety             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial Issues/Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freemasonry               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gender Identity Confusion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Idolatry                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Job Related Issues        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of Intimacy          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Issues/Problems     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage Issues           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neglect                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | New Age/Gothic            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Wanted/Outsider       |

### A S R

- |                          |                          |                          |                           |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Occult Involvement        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parents/In-Law Issues     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perfectionism             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Post Traumatic Stress Syn |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Premarital Issues         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pride                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rebellion                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rejection                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Religious Issues/Legalism |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Bondage/Issues     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shame/Guilt               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Problems            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strife/Division           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suicide Thoughts/Attempts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trauma                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unbelief/Doubt            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unfulfilled Lives         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unforgiveness             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unworthiness/Inferiority  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Victimization/Passivity   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Violence                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal                |

# Ungodly Beliefs about Myself

Read the following statements and check the ones that **directly relate** to your current issue. (By the way, all of us have Ungodly Beliefs!)

## Theme: Rejection, Not Belonging

- ☐ 1. I don't belong. I will always be on the outside [left out].
- ☐ 2. My feelings don't count. No one cares what I feel.
- ☐ 3. No one will love me or care about me just for myself.
- ☐ 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- ☐ 5. \_\_\_\_\_

## Theme: Unworthiness, Guilt, Shame

- ☐ 1. I am not worthy to receive anything from God.
- ☐ 2. I am the problem. When something is wrong, it is my fault.
- ☐ 3. I am a bad person. If you knew the real me, you would reject me.
- ☐ 4. If I wear a mask, people won't find out how horrible I am and reject me.
- ☐ 5. I have messed up so badly that I have missed God's best for me.
- ☐ 6. \_\_\_\_\_

## Theme: Doing to achieve Self worth, Value, Recognition

- ☐ 1. I will never get credit for what I do.
- ☐ 2. My value is in what I do. I am valuable because I do good to others or because I am 'successful.'
- ☐ 3. Even when I do or give my best, it is not good enough. I can never meet the standard.
- ☐ 4. God doesn't care if I have a 'secret life,' as long as I appear to be good.
- ☐ 5. \_\_\_\_\_

## Theme: Control (to avoid hurt)

- ☐ 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- ☐ 2. The perfect life is one in which no conflict is allowed and so there is peace.
- ☐ 3. I can avoid conflict that would risk losing others' approval by being passive and not do anything.
- ☐ 4. The best way to avoid more hurt, rejection, etc., is to isolate myself.
- ☐ 5. \_\_\_\_\_

## Theme: Physical

- ☐ 1. I am unattractive. God shortchanged me.
- ☐ 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- ☐ 3. \_\_\_\_\_

## Theme: Personality Traits

- ☐ 1. I will always be \_\_\_\_\_ [angry, shy, jealous, insecure, fearful, etc.].
- ☐ 2. I will never be \_\_\_\_\_ [likable, lovable, happy, safe, content, etc.].
- ☐ 3. \_\_\_\_\_

## Theme: Identity

- ☐ 1. I should have been a boy [or girl], then my parents would have valued/loved me more ..., etc.
- ☐ 2. Men [women] have it better.
- ☐ 3. I will never be known or appreciated for my real self.
- ☐ 4. I will never really change and be as God wants me to be.
- ☐ 5. I am not competent/complete as a man [woman].
- ☐ 6. \_\_\_\_\_

## Theme: Miscellaneous

- ☐ 1. I have wasted a lot of time and energy, some of my best years.
- ☐ 2. Turmoil is normal for me.
- ☐ 3. I will always have financial problems.
- ☐ 4. \_\_\_\_\_



# Ungodly Beliefs about Others

## Theme: Safety/Protection

- ☐ 1. I must be very guarded about what I say since anything I say may be used against me.
  - ☐ 2. I have to guard and hide my emotions and feelings.
  - ☐ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
  - ☐ 4. The best way to survive is to ☐ avoid, ☐ overpower other people.
  - ☐ 5. I will always need to be strong in order to protect and defend myself.
  - ☐ 6. It's not safe to submit myself to anyone.
  - ☐
- 

## Theme: Retaliation

- ☐ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
  - ☐ 2. I will make sure that \_\_\_\_\_ hurts as much as I do!
  - ☐ 3. \_\_\_\_\_
- 

## Theme: Victim

- ☐ 1. Authority figures will humiliate me and violate me.
  - ☐ 2. I will always be used and abused by other people.
  - ☐ 3. My value is based totally on others' judgment/perception about me.
  - ☐ 4. I am completely under their authority. I have no will or choice of my own.
  - ☐ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
  - ☐ 6. The significant people in my life are not there for me and will not be there for me when I need them.
  - ☐ 7. \_\_\_\_\_
- 

## Theme: Hopelessness/Helplessness

- ☐ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
  - ☐ 2. I have made such a mess of my life there is no use going on.
  - ☐ 3. I am a victim of my circumstances and there is no hope for change.
  - ☐ 4. I'm all alone.
  - ☐ 5. Something is wrong with me.
  - ☐ 6. \_\_\_\_\_
- 

## Theme: Defective in Relationships

- ☐ 1. I will never be able to fully give or receive love. I don't know what it is.
  - ☐ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
  - ☐ 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
  - ☐ 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
  - ☐ 5. I will never be a priority with those in authority over me.
  - ☐ 6. \_\_\_\_\_
- 

## Theme: God

- ☐ 1. God loves other people more than He loves me.
  - ☐ 2. God only values me for what I do. My life is just a means to an end.
  - ☐ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
  - ☐ 4. God is judging me when I relax. I have to stay busy about His work or He will punish me.
  - ☐ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
  - ☐ 6. \_\_\_\_\_
  - ☐ 7. \_\_\_\_\_
-

# Ungodly Racial Beliefs You've Encountered That Do Not Agree with God's Original Intent for People

## Theme: Safety/Protection

1. I must protect myself, because \_\_\_\_\_ people may attack me at any time, even without legitimate cause.
2. I have to work to keep my mental stability regularly because the racial oppression inflicted by \_\_\_\_\_ culture at work, at church and/or in the community exhaust me over and over.
3. \_\_\_\_\_
4. \_\_\_\_\_

## Theme: Victim

1. \_\_\_\_\_ authority figures will use their racial superiority attitudes and influences to withhold opportunities and basic human rights.
2. I will always be abused, beaten and/or tortured by \_\_\_\_\_ people because \_\_\_\_\_.
3. \_\_\_\_\_
4. \_\_\_\_\_

## Theme: Hopelessness/Helplessness

1. I am alone in most settings outside of my home, given I am the only \_\_\_\_\_. If I need support or a trusted listening ear, it simply does not exist ever.
2. Forget a genuine relationship with \_\_\_\_\_ people; they always betray for their own interests.
3. \_\_\_\_\_
4. \_\_\_\_\_

## Theme: Retaliation

1. The correct way to respond to \_\_\_\_\_ people always mistreating me is to \_\_\_\_\_ them.
2. For centuries, \_\_\_\_\_ people have stolen land, ideas, people, intellectual properties, sex labor and even over ridden God-given human rights. I'll even the score.
3. \_\_\_\_\_
4. \_\_\_\_\_

# Ungodly Racial Beliefs continued

## Theme: Defective Relationships

1. \_\_\_\_\_ people have consistently proven themselves to be liars, manipulators [even of the Bible]; keep them \_\_\_\_\_ at arm's length always.
2. \_\_\_\_\_ people assume their generationally-influenced superiority views and attitudes are the only accepted and correct way for all people to obey and align with.
3. \_\_\_\_\_
4. \_\_\_\_\_

## Theme: God

1. I have to alter my language, my music and how I express my faith to fit in with \_\_\_\_\_ people/culture to be accepted.
2. \_\_\_\_\_ people's superiority attitudes extend to ignoring and changing documented races, ethnicities and physical features listed in the Bible for centuries.
3. \_\_\_\_\_
4. \_\_\_\_\_

## Theme: Safety/Protection

1. I must protect myself, because \_\_\_\_\_ people may attack me at any time, even without legitimate cause.
2. I have to work to keep my mental stability regularly because the racial oppression inflicted by \_\_\_\_\_ culture at work, at church and/or in the community exhaust me over and over.
3. \_\_\_\_\_
4. \_\_\_\_\_

## FINAL THOUGHTS

*Please share anything else you may find shameful but necessary to aid in your freedom. Understand you are not being exposed, but the every of your freedom of being exposed. To your freedom.*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## MINISTRY TEAM NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

What is broken, can be made whole.  
What is dirty, can be made clean.  
Resentment, can become forgiveness.  
What is covered cannot be healed.  
Not all wounds are invisible.  
But, the Cross, is always the place of exchange.