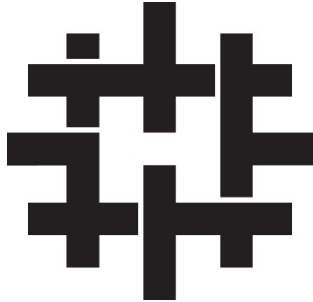


# TRANSFORMATIONAL HEALING MINISTRY



## WELCOME

Dear Brother or Sister,

Thank you for your interest in Healing Care Groups (HCG) here at Heritage Christian Church.

We believe that God can heal our wounds and meet our deepest needs. He wants to do a *transforming* work of *healing* in our hearts that impacts our thoughts, feelings, and actions. In a HCG, we open ourselves to the Lord, and bring him our pains and wounds in the presence of a loving and safe small group community of no more than six participants and two trained leaders.

There is a bit of a process to get involved in a HCG. I hope you'll see by all these steps that we're serious about helping you along your healing journey.

Here are the steps in the process:

- Sign the Participant's Rights and Responsibilities form. \* Return it with your application.
- Complete the HCG Application\* and return it to Heritage Christian Church, Attn.: Linda Buchan, at the address below, by Nov 7, 2022. You can turn it in after this date but, since groups fill quickly, we'll give your application first consideration if you turn it in on time.
- If you're currently seeing a professional mental health care provider (such as a psychologist, psychiatrist, counselor, or therapist), you'll need to have him/her fill out the Mental Health Care Provider Recommendation\* and return it to Linda Buchan at the same address.
- After we receive your application materials, we will contact you to schedule a personal, forty-five-minute meeting to get to know you.
- After our meeting, the Transformational Healing Ministry Team will prayerfully consider your application and the meeting. A THM Leader will contact you to discuss the next step in your journey, which may be a HCG or other healing opportunities offered at Heritage.

\* included in this packet

Here are some facts about Healing Care Groups:

- Your HCG starts with an orientation meeting, followed by 12 weekly sessions. Each session is 3 hours in length. Please plan to attend all sessions, since your faithful attendance is integral to your healing journey and to develop and maintain the community and safety of your small group.
- Your HCG is gender-specific, that is, men lead men's groups and women lead women's groups.
- Your HCG leaders understand this healing journey as each has participated in a HCG. They have completed Healing Care Ministries' required training to lead these groups. Many also receive ongoing training by attending various seminars addressing the healing journey.
- Your HCG sessions include spiritual, teaching, and experiential components. There are also weekly reading, journaling, and homework assignments.
- Your cost to participate in a HCG is \$100. This fee includes the cost of the curriculum, access to an online portal and for purchasing extra materials necessary for the group. Please bring an initial payment of \$25 to your meeting (checks made payable to Heritage Christian Church). This covers the cost of the book you will be given at that time. The balance of \$75 is due at your first HCG meeting.

If you have any questions or concerns, I'll be happy to hear from you. Please contact me as I've indicated below.

I'm thankful you're considering taking a next step in your healing journey. The Transformational Healing Team and I pray we may partner with you as you seek more of Jesus' healing for your heart, soul, and mind, offered by this ministry at Heritage.

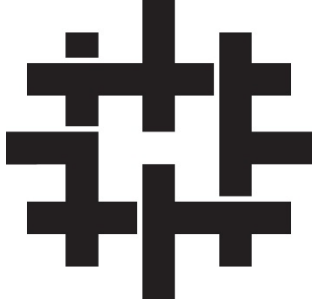
Sincerely,

*Bob*

Bob Buchan - Pastor

Transformational Healing Ministry | Heritage Christian Church  
7413 Maxtown Road | Westerville, Ohio 43082 | 614-898-9412, ext. 215 |  
transformationalhealing@heritagecc.org

TRANSFORMATIONAL  
HEALING  
MINISTRY



HCG APPLICATION

Complete this application in its entirety and return it **by mail or scan** to Heritage Christian Church, Attn: Linda Buchan, at the address below.

**Confidentiality:**

Your information will be kept strictly confidential and will be seen only by our Transformational Healing Leaders.

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Name

Date

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Address

---

City

Zip Code

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Email (Please print clearly)

Date of Birth

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Area code/Phone number

(Please print clearly)

Groups are most often offered in evening hours as leaders are available. Please indicate any evenings you are NOT available for group (enter "none" if you have no conflicts).

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Are you available any weekday mornings? Which ones?

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What is your occupation?

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Who recommended a Healing Care Group to you, and/or how did you hear about the ministry?

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Why do you want to participate in a HCG? What issues are you hoping to address?

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What do you hope will happen in your life as a result of attending a HCG?

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Have you submitted yourself to Jesus? If so, briefly describe your salvation testimony, and how you are currently following him.

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Are you a regular attender of Heritage Christian Church?      Yes    No

If not, where do you attend church?

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Are you part of a small group that meets regularly?      Yes    No

Please list any ministries in which you are or have been involved.

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Please list any seminars, classes, etc. sponsored by Dr. Terry Wardle, Healing Care Ministries, you have attended, or any others with a similar healing focus.

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If you have met or are meeting with a mental health care provider, please describe diagnoses, recommendations, activities, etc.

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Please list other groups designed to help you overcome past hurts in which you have participated. Also list any books you've read or any other activities you've pursued towards personal healing and change.

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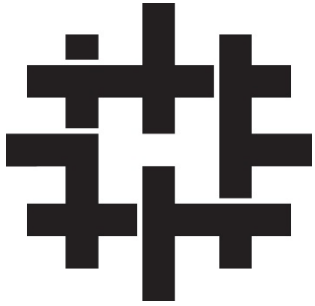
Thank you for completing this application. All information is confidential and will be reviewed only by the Transformational Healing Leaders. All application materials will be shredded at the conclusion of your application process or after the HCG session you attend.

After we receive your HCG Application, your signed Participant's Rights and Responsibilities form, and your Mental Health Care Provider Recommendation form (if applicable), we will contact you to make an appointment for your meeting.

Please bring an initial payment of \$25 to your meeting (checks made payable to Heritage Christian Church). Online payment can be made upon request. This covers the cost of the book you will be given at that time. The balance of \$75 is due at your first HCG meeting.

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# TRANSFORMATIONAL HEALING MINISTRY



## PARTICIPANT RIGHTS & RESPONSIBILITIES

This sheet defines your rights and responsibilities as a Healing Care Group participant. Please read, sign and date, and return this form with your application.

### HCG PARTICIPANT RIGHTS

As a HCG participant, I have the right to:

1. Leave the group if I decide it isn't what I expect, what I want, or what I need.
  2. Consult with a group leader if a crisis arises as a result of my participation in the group, or
  3. Receive a referral to other sources of help if further assistance is not available from my group leader.
  4. The exercise of reasonable action by the HCG leader to provide an environment that is emotionally, spiritually, mentally, and physically safe.
  5. Freedom from undue pressure concerning participation in group exercises, decision making, disclosure of private or personal issues, or acceptance of suggestions from other group members.
- 
6. To be treated with dignity and respect as a treasured individual.
  7. To know that my HCG leader may consult with a Heritage pastor or Pathways counselor if he/she feels the need.
  8. Confidentiality, except in the following situations:
    - Threats to the health or safety of myself or others (cutting, eating disorders, suggestions of suicide, threats to others, etc.).
    - Revealing of physical or sexual abuse towards adults or children.
    - Revealing of any other felony-level crimes for which I have not been brought to justice.
    - Due to a legal subpoena for information.

### HCG PARTICIPANT RESPONSIBILITIES

As a HCG participant, I have the responsibility...

1. To the best of my ability, arrive on time and attend all sessions.
2. To the best of my ability, complete all out-of-session readings, activities, homework, etc.
3. If married, to assure that my spouse agrees with my participation.
4. To understand and agree that these groups are Christ-centered and led by the Holy Spirit.
5. That if I am dealing with addictions, substance abuse, domestic violence, child abuse, or other such issues, I am participating in appropriate intervention programs and have been free from the said activities for at least one year. These groups are not specifically designed to help with these issues.

*HCG participant responsibilities (continued)*

6. That if I've been hospitalized or received inpatient care for emotional, mental, or psychological health issues within the past year, I must provide a signed release form or recommendation from my mental health care provider.
7. That if I've had suicidal thoughts, I must have been free from such thoughts for at least 6 months prior to the HCG I attend, and I must provide a signed release form or recommendation from my mental health care provider.
8. That if my circumstances change and I no longer meet the guidelines for HCG participation, or if it becomes apparent that care is more appropriate from another source, to cooperate with my HCG leader to leave the group and to pursue more appropriate support.
9. To maintain group confidentiality. I agree to treat information shared within the group as confidential. I will not divulge the identities of other HCG participants or information provided by other group members to anyone outside of my group.

*By the grace of God, I will follow through with the HCG participant responsibilities. I understand that failing to fulfill these responsibilities, or that any information I've falsified, either in writing or verbally, can be cause for dismissal from the group.*

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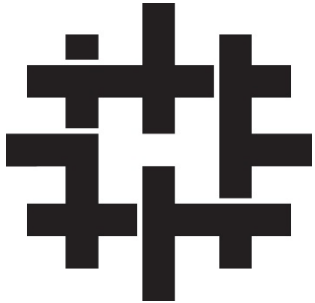
Signature

Date

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transformationalhealing@heritagecc.org



TRANSFORMATIONAL  
HEALING  
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## MENTAL HEALTH CARE PROVIDER RECOMMENDATION

Dear Mental Health Care Provider:

Heritage Christian Church is blessed to offer 12-week Healing Care Groups for men and women. These groups are designed to help people address painful wounds of the past and to find healing and wholeness in Christ. Our main resources are provided by Healing Care Ministries led by Dr. Terry Wardle.

Our group leaders are lay leaders who have been trained through Healing Care Ministries. We value the care given by professional mental health providers as yourself. Our goal is never to replace your care, but to

partner with you in helping your client/patient to achieve greater spiritual, mental, and emotional health.

Please review the following information and provide your feedback concerning your patient/client and return this form to me at the address below. If you have questions or concerns, please contact me as indicated below.

Sincerely,

*Bob*

Bob Buchan - Pastor

The requirements and expectations for these groups appear below.

### HCG PARTICIPANT RIGHTS

As a HCG participant, I have the right to:

1. Leave the group if I decide it isn't what I expect, what I want, or what I need.
2. Consult with a group leader if a crisis arises as a result of my participation in the group, or
3. To receive a referral to other sources of help if further assistance is not available from my group leader.
4. The exercise of reasonable action by the HCG leader to provide an environment that is emotionally, spiritually, mentally, and physically safe.

### *HCG Participant Rights (continued)*

5. Freedom from undue pressure concerning participation in group exercises, decision making, disclosure of private or personal issues, or acceptance of suggestions from other group members.
6. To be treated with dignity and respect as a treasured individual.
7. To know that my HCG leader may consult with a Heritage pastor or a counselor from Pathways Counseling Center if he/she feels the need.
8. Confidentiality, except in the following situations:
  - Threats to the health or safety of myself or others (cutting, eating disorders, suggestions of suicide, threats to others, etc.).
  - Revealing of physical or sexual abuse towards adults or children.
  - Revealing of any other felony-level crimes for which I have not been brought to justice.
  - Due to a legal subpoena for information.

### **HCG PARTICIPANT RESPONSIBILITIES**

As a HCG participant, I have the responsibility:

1. To the best of my ability, arrive on time and attend all sessions.
2. To the best of my ability, complete all out-of-session readings, activities, homework, etc.
3. If married, to assure that my spouse agrees with my participation.
4. To understand and agree that these groups are Christ-centered and led by the Holy Spirit.
5. That if I am dealing with addictions, substance abuse, domestic violence, child abuse, or other such issues, I am participating in appropriate intervention programs and have been free from the said activities for at least one year. These groups are not specifically designed to help with these issues.
6. That if I've been hospitalized or received inpatient care for emotional, mental, or psychological health issues within the past year, I must provide a signed release form or recommendation from my mental health care provider.
7. That if I've had suicidal thoughts, I must have been free from such thoughts for at least 6 months prior to the HCG I attend, and I must provide a signed release form or recommendation from my mental health care provider.
8. That if my circumstances change and I no longer meet the guidelines for HCG participation, or if it becomes apparent that care is more appropriate from another source, to cooperate with my HCG leader to leave the group and to pursue more appropriate support.
9. To maintain group confidentiality. I agree to treat information shared within the group as confidential. I will not divulge the identities of other HCG participants or information provided by other group members to anyone outside of my group.

Subject to my availability, I will provide additional counseling services as needed. I've indicated below whether I do or do not recommend my client/patient to participate in a Healing Care Group.

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Client/patient name

I recommend my client/patient's participation

I do not recommend my client/patient's participation

---

Signature Date

---

Name of firm, if applicable Phone Email

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