

Agreement to Receive Care

Stephen Ministry® Form

Since you will be receiving Stephen Ministry, it is good for you to understand the basic facts about Stephen Ministers and the care they provide.

What Does a Stephen Minister Do?

A Stephen Minister gives one-to-one, lay Christian care.

One-to-one: Stephen Ministers meet privately with one care receiver of the same gender.

Lay: Stephen Ministers are trained and supervised lay volunteers, not professional counselors or therapists, pastors, or physicians.

Christian: Stephen Ministers are Christians who care in the name of Christ. They are willing to talk about spiritual issues but won't force them.

Care: Stephen Ministers care by listening, supporting and encouraging, praying, being dependable and trustworthy, and maintaining confidentiality in their caregiving.

Confidentiality

Stephen Ministers keep personal information confidential. Therefore, you can feel free to share with your Stephen Minister without worrying that everyone else will know about it.

There are rare occasions when Stephen Ministers must share confidential information in order to save a life. Those

occasions are suicide, homicide, or abuse.

Small Group Peer Supervision

Stephen Ministers meet twice a month in small groups to give and receive peer supervision, which is necessary to help them provide quality care and grow as caregivers. In supervision Stephen Ministers talk about their caring relationships and their own feelings about caregiving. They may share small amounts of information about their care receivers, but they never tell the care receiver's name and they do not share information that would reveal the care receiver's identity. Stephen Ministers may also receive individual supervision from a Stephen Leader or pastor, but the same rules apply.

Professional Consultation

On rare occasions a Stephen Minister, in consultation with a Stephen Leader or pastor, may decide that the best way to care for a care receiver is to consult with a mental health professional. In such cases confidentiality is strictly maintained.

Referral to a Professional

Some care receivers end up needing professional care. In such a case, a Stephen Minister or Stephen Leader will inform the care receiver and help him or her obtain the care he or she needs. That may mean that the caring relationship

(continued on the next page)



with the Stephen Minister will be interrupted or even have to end. When a care receiver needs professional care, the relationship with the Stephen Minister may continue only after the care receiver has met with the professional and the professional has given permission for the Stephen Ministry relationship to continue.

I, _____,
understand the description of Stephen Ministry as explained in this agreement, and I desire to receive care from a Stephen Minister from

name of congregation or organization

I further understand confidentiality in Stephen Ministry as explained in this agreement, and I give my permission to my Stephen Minister and to the Stephen Leaders and pastoral or professional staff of

name of congregation or organization

to give and receive supervision and to obtain consultation as described in this document.

Signed _____

Date _____

Explanation of Categories

Contact Number

Beginning with your first contact, all encounters with your care receiver should appear on this sheet regardless of their nature (phone, in person, or correspondence, for example).

Date

Date of contact

Initiated by

Note whether the Stephen Minister, the care receiver, or a third party initiated the contact. Be sure not to use the care receiver's name or initials.

Type of Contact

Phone call, visit, correspondence, happenstance encounter, or other

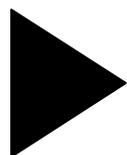
Length of Contact

Amount of time taken for the encounter in minutes

Notes

Record here, very briefly, notes for future reference. They can serve also as a “memory jogger” for your preparation of check-in statements and in-depth reports on the caring relationship. You might include such matters as these:

- ▶ The primary impression you received from the contact
- ▶ The location of the visit
- ▶ Anything special that took place during the contact
- ▶ A special need, concern, question, or issue that was raised
- ▶ An intense feeling you or the care receiver experienced
- ▶ The reason for the contact
- ▶ Any follow-up activities that are necessary
- ▶ Any change in the care receiver's situation, attitude, feeling, or behavior



Distinctively Christian Care Report

Stephen Ministry® Form

1. How many weeks have you been meeting with your care receiver? _____
2. How often have you been meeting with your care receiver? (Weekly, more than weekly, less than weekly) _____
 - ▶ Has your pattern of visitation changed since your last in-depth report? Yes No
If yes, what brought about the change?
3. What other caregivers are involved in caring for your care receiver? (Professional therapist or counselor, social worker, medical doctor, visiting nurse, or others)
 - ▶ Has this changed since your last in-depth report? Yes No
If yes, what brought about the change?
4. In one paragraph, tell how you understand your care receiver's current need, concern, or challenge.
5. Say more about your process-oriented ministry goals for working with your care receiver.
6. In one paragraph, summarize what you are doing to carry out those goals.
7. What happens in your caring relationship that you would describe as distinctively Christian?
8. How well do you think you understand your care receiver's spiritual needs right now?

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9. What does your care receiver need from God right now?

▶ How do you know?

10. Briefly describe how you are using a distinctively Christian caring tool—the Bible, prayer, forgiveness, blessings, “a cup of cold water”—in your caring relationship.

▶ How has your care receiver let you know that he or she needs you to use that tool?

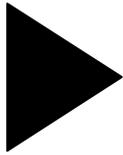
▶ How has your care receiver responded to your use of that tool?

▶ How might your Supervision Group help you use the tool more effectively?

11. Do you notice your care receiver growing in faith, trust, and obedience to God through your caring relationship? If so, what is the nature of that growth? If not, what might be some reasons for the lack of growth?

12. How are you growing in faith, trust, and obedience to God through your caring relationship?

13. What Focus Question Set and Focus Questions might your Supervision Group use to discuss your caring relationship?



Referral Form

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Stephen Ministry® Form

Date _____

Person in Need of Care

Name _____

Address _____

Phone _____ Approximate age _____ Gender _____ Marital status _____

Occupation _____

Place of work _____ Work phone _____

Best time to contact _____

Church affiliation _____ Currently active? Yes No Uncertain

Who initially identified the care receiver? _____

Circumstances Prompting Referral

Other Persons Caring for the Care Receiver (e.g., family or professional caregivers)

Name _____ Relationship to care receiver _____

Name _____ Relationship to care receiver _____

Name _____ Relationship to care receiver _____

Person to Contact in Case of Emergency

Name _____

Address _____

Phone _____ Relationship to care receiver _____

Check here if the care receiver 1) has been prepared for Stephen Ministry, and 2) has consented to the care of a Stephen Minister (necessary before first caring visit is made).

Form completed by _____

Stephen Minister assigned _____

Additional Information or Comment



6. Are you willing to commit to serve faithfully for a period of no less than two years? This includes:
- ▶ the initial 50 hours of training;
 - ▶ regular visits to your care receiver (weekly or a mutually agreed-upon frequency); and
 - ▶ twice-monthly Small Group Peer Supervision.
- Yes No

What changes would you need to make in your life in order to fulfill this commitment?

7. Describe briefly your relationship with Jesus Christ.

8. Please provide three references who are not members of this congregation.

a. Name _____
Address _____
Relationship _____
Phone number _____

b. Name _____
Address _____
Relationship _____
Phone number _____

c. Name _____
Address _____
Relationship _____
Phone number _____

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9. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation?

Yes No

If yes, please list where and when.

Please include the name and telephone number of a pastor and/or Stephen Leader there whom we can contact.

Name _____ Telephone Number (____) _____

10. Have you ever received treatment for any emotional or psychiatric problems?

Yes No

If yes, someone from the Stephen Leader Team will speak with you about this so that the team may better understand its significance in your life and ministry.

[Note: A great many caregivers have been made stronger in their caregiving ministry through the care they themselves have received, including care from mental health professionals. Your Stephen Leader Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.]

11. Have you ever been charged with a crime?

Yes No

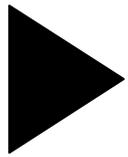
If yes, explain in detail, using additional paper as needed. Someone from the Stephen Leader Team will speak with you about this so that the team may better understand its significance in your life and ministry.

Please read and sign below.

The information I have provided in this application is true and complete to the best of my knowledge. I agree to participate in Stephen Ministry training and in Small Group Peer Supervision and to function within the boundaries of Stephen Ministry as adopted by my congregation/organization. I give permission for the congregation/organization, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature _____ Date _____

Thank you for completing this application.



Stephen Minister's Progress Report

Stephen Ministry® Form

1. How many weeks have you been meeting with your care receiver? _____
2. How often have you been meeting with your care receiver? (Weekly, more than weekly, less than weekly) _____
 - ▶ Has your pattern of visitation changed since your last in-depth report? Yes No
 - If yes, what brought about the change?
3. What other caregivers are involved in caring for your care receiver? (Professional therapist or counselor, social worker, medical doctor, visiting nurse, or others)
 - ▶ Has this changed since your last in-depth report? Yes No
 - If yes, what brought about the change?
4. In one paragraph, tell how you understand your care receiver's current need, concern, or challenge.
5. Say more about your process-oriented ministry goals for working with your care receiver.
6. In one paragraph, summarize what you are doing to carry out those goals.
7. Evaluate the progress of your caring relationship.
 - a. How do you feel about your relationship with your care receiver?

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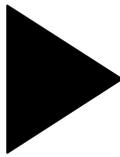


- b. How has your care receiver responded to your ministry?

 - c. What has been going well in your caring relationship?

 - d. What has been challenging, frustrating, or problematic for you in your caring relationship?

 - e. What do you believe should be the future focus of your caring relationship? (Continuing with your current focus? Closure? Referral to a mental health professional or other community resource? Focusing on spiritual concerns? Something else?)
8. With what questions, concerns, issues, or areas of need do you want the Supervision Group to help you at this time?
9. What Focus Question Set and Focus Questions might your Supervision Group use to discuss your caring relationship?



Wrap-Up Form

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Stephen Ministry® Form

Date _____

1. Name of caregiver _____
2. Caring relationship originally initiated by _____
3. Date of initial contact _____
4. Date of final contact _____
5. Total number of caring contacts _____ Number of hours spent with care receiver _____
6. Type of caring _____

7. Reason for bringing closure:

- | | |
|---|---|
| <input type="checkbox"/> completed formal caring relationship | <input type="checkbox"/> withdrawal by care receiver |
| <input type="checkbox"/> referral to another Stephen Minister | <input type="checkbox"/> referral to community resource |
| <input type="checkbox"/> other | |

Explain:

8. Type of follow-up (check all applicable):

- | | |
|---|--|
| <input type="checkbox"/> visits by Stephen Minister | <input type="checkbox"/> phone calls by Stephen Minister |
| <input type="checkbox"/> social meeting | <input type="checkbox"/> other |
| <input type="checkbox"/> no follow-up | |

Explain:

9. If you do plan follow-up, how often do you plan to follow up? _____

10. Name (or code number) of care receiver _____

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How to Use the Wrap-Up Form

1. Write in the name of the caregiver.
2. Record who originally initiated the caring relationship, e.g., the care receiver, the minister, a relative, or a friend.
3. Fill in the date of the first caring visit.
4. Fill in the date of the last formal caring visit.
5. Fill in the total number of caring visits and number of hours spent with the care receiver.
6. Record the type(s) of caring that went on, e.g., caregiver visiting care receiver, phone calls, a combination of both visits and phone calls.
7. Check the reason for bringing closure and explain.
8. Indicate the type of follow-up you plan to have with the care receiver, if any.
9. If you plan to have a follow-up, record how often you plan to have contact with the care receiver.
10. Fill in the name of the care receiver. Your Referrals Coordinator may have assigned an identifying code number for your care receiver to maintain confidentiality during supervision. If so, use that number here.
11. This form should be filled out and turned in as soon as possible after the date of the last formal caring visit.