



## THE BETHESDA GROUP APPLICATION

### BACKGROUND INFORMATION:

*When Jesus saw him lying there and learned that he had been in this condition for a long time, he asked him, "Do you want to get well?"  
John 5:6*

The Bethesda Group program consists of 16 sessions, held once a week, designed to bring women into their total being through counsel and therapy. Dr. Rosalyn V. Green has been contracted as a group therapist through Joyspring Inc. for The Bethesda Group to assist in your care.

Applications will be deemed confidential and reviewed by The Bethesda Group Staff. Upon completion of the review process, you will be contacted prior to the commencement of the next 16-week program as to the status of your acceptance. Please note: Several applications are received; therefore, acceptance into The Bethesda Group program cannot be guaranteed.

For additional information, please contact Leslie West-Bushby via e-mail at [LWestBushby@gmail.com](mailto:LWestBushby@gmail.com) or via phone: (443) 986-3130.

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last home address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone number where you can be reached: Home ( ) \_\_\_\_\_ Work or other ( ) \_\_\_\_\_

Are you in counseling now? yes  no  If yes where? \_\_\_\_\_

Marital status:  Married  Divorced  Separated  Never Married

List names and ages of children you are helping to support: \_\_\_\_\_

Are you currently in a relationship? yes  no  If yes, with whom and for how long? \_\_\_\_\_

Highest grade of education completed? \_\_\_\_\_



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### EMPLOYMENT INFORMATION:

What is your occupation? \_\_\_\_\_ Are you employed? yes  no

If yes, where? \_\_\_\_\_ Phone number:(     ) \_\_\_\_\_

If not employed, what is your source of income? \_\_\_\_\_

Do you have in your possession (check if yes):  social security card  birth certificate  passport  state ID?

If not employed, when did you last work? \_\_\_\_\_ How long did you have this job?: \_\_\_\_\_

Source of transportation: \_\_\_\_\_

Are you currently or have you ever been involved in substance abuse? \_\_\_\_\_

If yes, what were you involved with, when, and how long? \_\_\_\_\_

Longest amount of time you've gone without any substance abuse (drugs and or alcohol)? \_\_\_\_\_

How did you accomplish this?  
\_\_\_\_\_

Have you ever attempted suicide? yes  no  If yes, date of the attempt? \_\_\_\_\_

**Please tell us about the circumstance(s) that led you to the Bethesda Group (please attach additional sheets if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL:

Are you allergic to any food, medication, etc? yes  no  If yes, please list:

\_\_\_\_\_

Do you have any medical conditions we should know about? yes  no  If yes, please explain:

\_\_\_\_\_



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Have you ever had any treatment for any mental illness: yes  no  If yes, please explain:

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List any medications you are on or should be on:

Medication	Reason	Dosage	How long taken?	Currently taken as prescribed?

**LEGAL:**

Are you on Parole or Probation? yes  no  If yes, have you done anything to violate? yes  no  Please explain:

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Name and phone of Agent:

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List any pending legal cases:

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Please list any court fines, restitution or Child Support payments that you are responsible for:

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Please read each statement carefully and initial after each statement.

1. I acknowledge that I must commit to attend The Bethesda Group sessions consistently for 16 weeks, once accepted into the program.  
Initials: \_\_\_\_\_
2. I acknowledge that The Bethesda Group does not permit alcohol, drugs or tobacco to be used during the actual sessions that will occur over the 16 weeks.  
Initials: \_\_\_\_\_
3. I agree to submit to the rules, regulations and policies of The Bethesda Group Authorities and am willing to allow Christ to change my life.  
Initials: \_\_\_\_\_
4. I acknowledge that The Bethesda Group is not responsible for my medical needs or attention, loss due to theft or transportation to non-program related venues.  
Initials: \_\_\_\_\_
5. I hereby authorize The Bethesda Group to talk with individuals who previously provided treatment to me including, but not limited to, my doctor or former hospitals, clinics, or other Health/Mental care facilities to discuss any treatment received under their care.  
Initials: \_\_\_\_\_

I, \_\_\_\_\_ ACKNOWLEDGE THAT TO THE BEST OF MY KNOWLEDGE, I HAVE PROVIDED TRUE AND ACCURATE INFORMATION IN THIS APPLICATION. FURTHERMORE, I AUTHORIZE THE BETHESDA GROUP TO VERIFY THE VALIDITY OF THIS APPLICATION AND ANY OTHER INFORMATION CONTAINED HEREIN. I FURTHER GIVE THE BETHESDA GROUP STAFF AUTHORIZATION TO COMMUNICATE WITH MY SUPPORT NETWORK TO DETERMINE ELIGIBILITY FOR ADMISSION. I ALSO AUTHORIZE THE BETHESDA GROUP TO SPEAK WITH MY REPRESENTATION, LEGAL OR OTHERWISE, TO ASSIST WITH ADMISSION, RECOVERY OR AFTERCARE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN A DENIAL FOR ADMISSION OR A DISCHARGE FROM THE BETHESDA GROUP.

BY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ, OR HAVE HAD READ TO ME, THE AFOREMENTIONED STATEMENTS REGARDING LIABILITY, RULES, REGULATIONS AND OR POLICIES. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THIS APPLICATION AND ANY AND ALL OTHER AGREEMENTS RELATIVE HERETO WITH LEGAL COUNSEL OF MY CHOOSING. I FURTHER ACKNOWLEDGE THAT I AM AGREEING TO THE AFOREMENTIONED TERMS VOLUNTARILY AND FREE OF ANY DURESS, CORRECTION AND UNDUE INFLUENCE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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### PRIVACY & CONFIDENTIALITY STATEMENT

**No information shared on this application or in our sessions will be disclosed outside of this Group. Each group participant pledges to honor the other persons in this group by not disclosing any information outside of this group.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Authority: \_\_\_\_\_ Date: \_\_\_\_\_

(Founder and President of the Bethesda Group)