



Dear Friend in Christ,

Thank you for being obedient and allowing the Lord to use DeGraw Ministries to assist you through a prayer session. We would like to give you some information about the attached forms as well as the process of our prayer sessions. We believe this will better equip you and our team in the process!

Attachments: *(the following should be completed and returned to the ministry)*

- Prayer Sessions Questionnaire – this will better equip our team to know how to prepare and pray for you specifically when you arrive. It will assist in making the most efficient use of our time. (there is extra space on the blank page if necessary)
- Legal Waiver – legally we are required to have each person attending a prayer session through DeGraw Ministries to read and sign this form.

Process:

- Upon completion of these forms, please return them to DeGraw Ministries using the self-address envelope enclosed, email or while you attend one of our gatherings.
- Once the application is received, we will pray over it and call you to schedule an appointment. We do daytime appointments, some evenings and no weekends. Please prayerfully consider bringing a love offering to help further our ministry.
- Prayer Session:
 - Held at 4264 Caddo SW, Grandville – if in Michigan
 - We will have 2 or 3 members of our team there to intercede for you. These are trusted team members that the Lord has chosen to be here. *Please understand that Kathy has very strict confidentiality rules and nothing that is discussed in your prayer session will leave the room.* Please also know that a team will lead your session which may or may not include Kathy in on your session.
 - Upon arrival we will sit down and discuss any questions we have about your application or developments you have had since filling out the application.
 - If you are on medications for depression, anxiety or bi-polar please do not take them in the morning before your prayer session.
 - We will then go into our prayer time of inner and spiritual healing.

We encourage you to complete these forms as honestly and directly as you can. Be assured the Lord will reveal to us what he needs us to know about you in order to help you obtain your freedom. Please begin to pray and ask the Holy Spirit to convict you of any unforgiveness you have in your life, healing you may need, and clarity during our session. In order to assist in your deliverance we suggest you fast in preparation for your session.

If you have any further questions, please feel free to e-mail us at Kathy@degrowministries.org. We look forward to praying with you in the future!

Whom the Son sets free is free indeed!

Kathy DeGraw, *Founder*

DeGraw Ministries

Kathy DeGraw, Founder
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Delivering messages on
topics such as...

Healing
Stress
Worship
Prayer
Fasting
Forgiveness
Spiritual Housekeeping
Overflowing in the Spirit



Name:	_____
Address:	_____
City, State, Zip	_____
Phone number	_____
Email:	_____
Referred by:	_____
Date Recd	_____
Date Scheduled	_____
Best appt time	Tuesday afternoon
	Wed., morning, afternoon, evening
	Outside of Michigan – morning, afternoon, evening

CONFIDENTIAL FREEDOM PRAYER SESSION QUESTIONNAIRE

1. When were you born again, when did you accept Jesus as Lord? (year) _____
2. Have you been water baptized by immersion since your conversion? yes no
3. Were you baptized in the Holy Spirit? (not the same as water baptism) If yes when? Year _____
4. Do you pray in tongues/in the spirit? yes no
5. How would you describe your family's financial situation when growing up?
 Poverty Stable Comfortable
6. Do you consider yourself to be living in poverty now, have poverty income or government assistance?
 yes no
7. Were you raised in a physically or emotionally abusive home? If yes please explain yes no
 Have you forgiven the person(s) yes no
8. Have you ever felt rejected, unloved by a relative, if so name relationship of relative(s)? yes no
 Have you forgiven the person(s) yes no
9. Were you ever sexually abused, if yes how? yes no
 Have you forgiven the person(s) yes no
 Molestation Rape Incest
10. Have you, your parents or spouse ever been involved in? (circle all that apply) – circle who was involved.
 Occult, witchcraft, Jehovah's witnesses, Mormons, freemasonry, Masonic lodges, shriners, elks clubs,
 job's daughters, Native religions, Islam, Christian Science, Scientology, cast spells, Satanism,
 spiritualist,
11. Have you ever had psychiatric counseling? yes no

29. Do you get angry, out of control and/or yell? yes no
30. Do you like to be in control? yes no
31. Do you suffer from depression? yes no
32. Are you a prideful person, battle with pride or have pride? yes no
33. Do you suffer from fear? If yes what please circle and list any additional;
confrontation; death; water; heights; dark; spouse leaving you; spouse or children dying; closed in spaces;
insects; spiders; snakes; additional fears _____
34. Have you ever experimented in homosexuality or had homosexual thoughts? yes no
35. Do you have inappropriate (sexual) pictures/visions come to your mind occasionally? yes no
36. Are you a perfectionist? yes no
37. Are you a people pleaser? yes no
38. Are you performance driven? yes no
39. Are you complacent? yes no
40. Have you lost a close loved one? yes no Have you grieved? yes no
41. Do you strive – feel like you have to earn something/prove something? yes no
42. Do you love yourself? Can you look in the mirror and say I love myself? yes no
43. Have you or do you currently struggle with purging, bulimia and/or anorexia? yes no
44. What is the ethnic background of your ancestors? _____
45. What is the church background of you, your parents and/or spouse?

46. Who in your life has caused you the most pain or disappointment? Please describe if you still need healing
in this area of your life the situation and what you are still holding onto.

47. List the main issues in your life that you and God are working on at this time.

48. What behavior patterns, habits or addictions are you struggling to obtain complete freedom in?

49. Are you depressed during certain seasons, times of year, months? If yes, when.

50. Do you notice any of the same negative things happening to you over the course of your life? If yes, what.

51. What is the specific reason for your visit in filling out this form.

52. Are you sick a lot? yes no

53. Please list any health ailments you have been diagnosed by a doctor for or are on prescription medication.

54. Have you had any severe accidents or traumas that stand out in your mind not already mentioned about?
Please explain:

Please mail back to:
DeGraw Ministries
P.O. Box 65
Grandville MI 49468-0065

LEGAL WAIVER

Voluntary release, assumption of risk and indemnity agreement.

In consideration for being permitted to participate in voluntary prayer ministry, herein referred to as the "Prayer Ministry," the undersigned, (your name) _____, herein referred to as the "Releaser," agrees as follows:

1. **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE.** Releaser and Releaser's personal representatives, assigns, insurer, heirs, executors, administrators, spouse and next of kin, hereby releases, waives, discharges and covenants not to sue **DEGRAW MINISTRIES**, located at **4264 CADD O AVE SW, GRANDVILLE, MICHIGAN**, and its directors, officers, employees, agents, volunteers as well as its successors, assigns, affiliates, subordinates, and subsidiaries, all herein referred to as the "Releasees," from any and all liability to Releaser, and to Releaser's personal representatives, assigns, insurer, heirs, executors, administrators, spouses and next of kin for any and all loss, damage, or cost on account of injury to the person or property or resulting in the death of Releaser, whether caused by the negligence of Releasees or otherwise while Releaser is participating in the Prayer Ministry and any other activities in connection with the Prayer Ministry.

2. **ASSUMPTION OF RISK.** Releaser understands, is aware of, and assumes all risks inherent in participating in the Prayer Ministry. These risks include, but are not limited to, physical and emotional responses and reactions as a result of this prayer ministry.

3. **INDEMNITY.** Releaser agrees to indemnify Releasees from any liability, loss, damage or cost Releasees may incur due to the participation by Releaser in the Prayer Ministry whether caused by the negligence of Releasees or otherwise. Releaser assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise while participating in the Prayer Ministry.

Releaser expressly agrees that this Voluntary Release, Assumption of Risk and Indemnity agreement, herein referred to as "Agreement," is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that, if any portion of this Agreement is held invalid, it is agreed that a balance, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties in regard to the Prayer Ministry.

I understand that I will be visiting with Christians who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problems(s) and to grow in my Christian life. I accept that they are not licensed counselors, that they minister by the Christian Bible and that they may or may not be ordained and/or full time ministers, pastors or counselors.

I acknowledge that all minister is under the direction and control of the Holy spirit, and that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing.

RELEASER REPRESENTS THAT:

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS, INCLUDING THE NEGLIGENCE OF RELEASEES.

I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN THE PRAYER MINISTRY SET FORTH IN THIS AGREEMENT.

I UNDERSTAND THAT I AM INDEMNIFYING THE RELEASEES.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

Signature of Releaser: _____

Date: _____