



Stewardship Counseling Ministry

Welcome to the Stewardship Counseling Ministry of First Baptist Church Woodstock---where we seek to offer Biblically based, Christ centered pastoral/lay counseling. The Stewardship Counseling Ministry team consist of staff ministers (pastoral counselors) and trained volunteer lay persons (lay-counselors) who have been called into the helping ministry.

Qualifications of your pastoral/lay counselor: Each of our pastoral/lay counselors are trained in the area of stewardship counseling, using Biblical principles and depending upon the Holy Spirit to lead the counselee to a deeper walk with God. The training received by each pastoral/ lay counselor may differ depending upon past experience and training. None of our counselors possess a professional counseling licenses or certifications issued by the State of Georgia for the practice of professional counseling nor do they necessarily possess the required education, experience or training needed for such licenses. Finally, this ministry does not claim to meet any counseling requirements for court/probation/ parole mandated counseling, nor do we render any marriage, legal or medical opinions or advice.

Our Approach: The Stewardship Counseling Ministry utilizes Spiritual/Biblical principles in our approach to counseling. In this kind of discipleship process, the Holy Spirit, not the pastoral/lay counselor is the agent of individual change---provided one cooperates with Him.

Our goal is to present God's plan for victory in the midst of one's circumstances by utilizing prayer and spiritual/Biblical principles.

Training Program: The Stewardship Ministry is a training ministry of both teaching and counseling. It is necessary for the trainee to observe the counseling process, therefore, one can expect a pastoral/lay counselor in training to be present in one or more of your counseling sessions.

Limitations of Confidentiality: It is understood and agreed that all statements, whether written or verbal, with your pastoral/lay counselor are of a confidential nature and ethically cannot be disclosed, without written consent, with the following exceptions that will result in confidentiality being waived.

1. We reserve the right and /or may be mandated by law to report child abuse or suspicion of child abuse of any type to the proper authorities and/or the right to cause a report of child abuse to occur.
2. We reserve the right and/or may be mandated by law to disclose to the appropriate person, agency or civil authorities any threats of harm that a person may attempt or desire to do to one's self or to others.
3. To insure the highest quality discipleship process, as a rule your pastoral/lay counselor will consult with their counseling supervisor regarding your session(s).
4. We reserve the right to consult with other counseling professionals or appropriate church ministry staff members regarding your sessions. This consultation will be held in the same level of confidence as your personal session (s).

Resolution of Disagreements: If a dispute should arise between the counselee and the pastoral/lay counselor and or the Church regard- ing the pastoral/lay counseling session or the pastoral/lay counselor's advise, counsel or conduct, one should bring this dispute to the attention of the Director of Care Ministry. If the dispute cannot be resolved at this level all parties agree to resolve such dispute by submitting to the Church's Executive Senior Staff team for full and final resolution and conciliation.

Waiver of Liability: In consideration for receiving pastoral/lay counseling from the Stewardship Ministry, the person receiving the pastoral/ lay counseling agrees to release and waive any and all claims of any kind against the pastoral/lay counselor and or First Baptist Church Woodstock which may arise from, result out of, or be related to the pastoral/lay counselor's advise, counsel or conduct.

Charges: There are no financial charges for your session(s). However there may be charges for books, tapes, or training which the pastoral/lay counselor may recommend.

Cancellations or Reschedules: We carry an extensive waiting list, therefore in the event you need to reschedule or cancel an appointment, we ask that you call 24 hours in advance. This allows us to reschedule others who are waiting. Failure to give proper notice of cancellation may result in a much longer wait for the counselee to reschedule.

Session Length: A typical session is two hours and depending upon certain conditions, sessions could be less than or more than the typical session.

I have carefully read this information sheet and agree to all of the stated terms and conditions. I also agree that all the information on my personal application is true and complete to the best of my knowledge.

_____ Signature _____ Date

_____ Signature _____ Date

First Baptist Woodstock Stewardship Ministry
11905 Highway 92 Woodstock,
GA 30188
770-926-4428

Personal Financial Counseling Application

Dear Applicant,

This application should be completed in full with complete and concise information. Please complete using combined incomes and expenses as you anticipate will occur upon your becoming married (if applicable). Please list both gross and net incomes, and please note that all information is based on monthly actuals as you know them. Do not guess at balances, payments or annual percentage rates. Actuals are needed if this exercise is going to be of any benefit to you. If you have questions, please feel free to call 678-494-2697. We look forward to ministering to you and seeing what God will do as you commit to his ways in the area of Stewardship.

God Bless, Spence Hoard

Date received: _____

Stewardship Ministry Lifestyle for a Lifetime Spending Plan Worksheet

Income Worksheet		
Applicant:	Date of Birth	Spouse:
Date of Birth		
Address:		
City:	State:	Zip:
Home Ph:	App. Wk Ph:	Spouse Wk Ph:
Cell Ph/Pager:		Email:
<u>NET Monthly Income (Take Home Pay)</u>		
App. Place of Employment:		\$
Spouse Place of Employment:		\$
Part-time work, family business, etc.		\$
Investment Income (Source):		\$
Child/Spousal Support	Date normally received: _____	\$
Other (please describe)		\$
Other (please describe)		\$
Net Monthly Income from All Sources:		\$ _____

<u>NOTES</u>	
<i>Please enter GROSS monthly salary(ies) [before any deductions] below:</i>	
APPLICANT: _____	
SPOUSE: _____	

AUTO/TRANSPORTATION			Monthly Amount
CAR #1	YEAR:	MAKE/MODEL:	\$
	***CURRENT BAL**	INT. RATE: %	
CAR #2	YEAR:	MAKE/MODEL:	\$
	***CURRENT BAL**	INT. RATE : %	

Gasoline	Car #1: \$	Car #2: \$	/ 12 Mos. =	\$
Inspections (Yearly)	Car #1: \$	Car #2: \$	/ 12 Mos. =	\$
Oil Change (Yearly)	Car #1: \$	Car #2: \$	/ 12 Mos. =	\$
Parking Bus Fare Car Pool				\$
Registration	Car #1: \$	Car #2: \$	/ 12 Mos. =	\$
Repairs:				\$
Other:				\$

BABYSITTING/CHILD CARE & SUPPORT	
Babysitters: (# per month x amount spent per sitting)	\$
Child Support and/or Spousal Support Payments:	\$
Daycare and/or After School Care:	\$
Other:	\$

Contributions / Tithe / Charity	
Religious/ Tithes and Offerings	\$
Other Charities Deducted from paycheck? Yes No	\$

DINING OUT/FAST FOOD	
Dining away from home (for business meals, see business expenses)	\$

EDUCATION-College/Private School/Home School	
Books	\$
Classes	\$
Course Material	\$
Subscriptions	\$
Tuition	\$

FOOD & HOUSEHOLD ITEMS	
Groceries, Produce, Dairy Products, bakery, household & cleaning sup.	\$
Other: _____	\$

GROOMING	
Haircuts	\$
Manicures/Pedicures	\$
Personal Products, Make-Up, Beauty Supplies, etc.	\$

HOUSING (Appx. Value of home \$ _____)				Monthly Amount
First Mortgage	With: _____			\$ _____
Total Mo. Payment: \$	***CURRENT BAL**	INT. RATE: %	Loan term (#yrs) _____	
Portion of payment for Principal/Interest: \$ _____	Portion of Payment For Escrow: \$ _____	Ins. & (R.E. Tax) \$ _____		
2nd Mortgage or Home Imp. Loan	With: _____			\$ _____
Total Mo. Payment: \$	***CURRENT BAL**	INT. RATE: %	Loan term (#yrs) _____	
Home Owners Association Fees, condo, or co-op fees				\$ _____
Improvements, minor ongoing maintenance, etc.				\$ _____
Lawncare				\$ _____
Pest Control				\$ _____
Rent (Payable to: _____)				\$ _____
Security System				\$ _____
INSURANCE PROTECTION				
Automobile (Whatever you pay annually, divide by 12 months)				\$ _____
Disability Ins. Premiums —Deducted from check? Yes No				\$ _____
Homeowner's Insurance—Deducted from check? Yes No				\$ _____
Life Insurance—Deducted from check? Yes No				\$ _____
Medical/Dental Insurance—Deducted from check? Yes No				\$ _____
Renter's Insurance				\$ _____
Other: _____				\$ _____
KIDS				
Activities				\$ _____
Allowances				\$ _____
Lessons				\$ _____
School Expenses				\$ _____
Sports				\$ _____
LEISURE				
Cable TV				\$ _____
Entertainment				\$ _____
Hobbies				\$ _____
Recreation				\$ _____
Spa/Health Club				\$ _____
Vacation Expenses				\$ _____
Other:				\$ _____

MEDICAL/DENTAL		Monthly Amount
Chiropractors : Co Pay Amount \$		\$
Contact Lenses : Co Pay Amount \$		\$
Dentists/Orthodontist : Co Pay Amount \$		\$
Doctors/Therapists : Co Pay Amount \$		\$
Food Supplements		\$
Glasses: Cafeteria Plan? Yes No		\$
Hospitals and Other Health Care Facilities		\$
Medical and Health Supplies		\$
Prescriptions : Co Pay Amount \$		\$
Veterinarian, Pet Food, Grooming		\$
GIFTS/GREETING CARDS:		
Birthdays		\$
Christmas		\$
Holidays, all other (Valentines, Mothers/Fathers Day, Easter, etc)		\$
Weddings		\$
RECORD KEEPING/POSTAGE		
Accounting Fees		\$
Fees—record keeping		\$
Financial Advisory Fees (Debt Acceleration Program)		\$
Legal Fees		\$
Other:		\$
Postage		\$
Service Charges, Bank		\$
Shipping Charges		\$
SAVINGS, INVESTMENTS, RETIREMENT PLANS		
Down Payment Savings or other investment “seed” money		\$
Education (College savings, etc.)		\$
Emergency Savings (Save something every month: goal is 3 to 6 mos. expenses)		\$
Investments (mutual funds, etc.) Not tax deferred		\$
Major Home Repairs (new roof, carpeting, etc.)		\$
New Purchases (Itemize)		\$
Replacement of major household items (appliances, furniture, etc.)		\$
Retirement Fund (Applicant) Deducted from paycheck? YES NO		\$
Approximate Balance: \$ Type of Plan:		\$
Retirement Fund (Spouse) Deducted from Paycheck? YES NO		\$
Approximate Balance: \$ Type of Plan:		\$
Self-Employment Tax Savings		\$

TAXES			Monthly Amount
Personal Prop. Tax	Year:\$	Due:	\$
Real Estate Taxes	Year:\$	Due:	\$
Other Taxes:			\$

UTILITIES					
Cell Phone/Pager	Past Due?	Y	N	Amount:\$	\$
Electricity	Past Due?	Y	N	Amount:\$	\$
Firewood (Annual /12)	Past Due?	Y	N	Amount:\$	\$
Gas	Past Due?	Y	N	Amount:\$	\$
Telephone	Basic Service:\$		Long Distance:\$		\$
Water, Sewer, Garbage	Past Due?	Y	N	Amount:\$	\$

Alcohol	\$
Gambling	\$
Lottery Tickets	\$
Tobacco	\$
Video Games	\$

WARDROBE	
Clothing	\$
Dry Cleaning /Laundry	\$
Fabric & Sewing	\$
Shoes/ Shoe Repair	\$
Other:	\$

BUSINESS EXPENSES	
Association Dues	\$
Business License Fees	\$
Business Meals	\$
Continuing Education	\$
Family Business Expenses	\$
Uniforms	\$
Union Expenses	\$
Un-reimbursed Job Travel or Other Expenses	\$

CONFIDENTIAL FINANCIAL PLANNING QUESTIONNAIRE

NAME: _____

ADDRESS: _____

PHONE(S): _____

1. Do you participate in a tax-deferred plan? Yes / No

401K _____ SEP _____ TSA _____

Approximate Balance: \$ _____

2. Are you holding any CD's? Yes / No Balance: \$ _____ Tax Deferred? _____

3. Are you saving any money through life insurance? Yes/ No

Coverage Amount \$ _____ Premium \$ _____ Cash Value

Balance \$ _____ Rate of Return _____ % Type: Universal _____

Variable _____ Whole _____ Term _____

4. How much savings are you holding in an emergency fund? \$ _____

5. At what age would you like to be in a position to retire? _____

6. How much monthly income in today's dollars do you want coming in upon retirement?

\$ _____

7. Would you like to provide for your children's college education? _____

Child's Name:

Age:

8. If you were to die tomorrow, how much monthly income would your beneficiaries need to continue the lifestyle that you wish for them to enjoy?

Husband: \$_____ per month

Wife: \$_____ per month

9. Have you ever tried to place yourself and your family on a budget before? _____

If so, are you still on a budget? _____

If not, why did you discontinue it? _____

10. If I could show you how you could be debt-free in approximately one-third to one-half the time it would normally take to get out of debt, would you like to learn how to do this?

Notice (Disclaimer)

Welcome to the Counseling Center of the Stewardship Ministry of First Baptist Church Woodstock. We trust that God will give you perfect insight to His perfect plan for your life. We are a Christ-centered, Biblically based Ministry working in and through the First Baptist Church of Woodstock, Georgia.

Our intent is to share with you what God's Word says about the management of money and possessions using Biblically based principles. Our prayer for each person who proceeds through our ministry, is that they will become better stewards of what God has entrusted to them. We will direct you to create a spending plan that allows you to live within the means of what you have and we will assist you in developing a plan of getting out of debt as quickly as possible. We will assist you in developing plans in the area of education for children and retirement benefits for your family. We challenge you to get involved with anyone of our training classes and encourage you to put into practice the teachings you will gain from these courses.

However, please know that at no time during our training or counseling will we recommend or give advise on any type of investments, types of insurances or particular businesses to do business with. We do not act or practice in the position of a Licensed Financial Planner and therefore we will not give advise or act in their stead. If you need this type of assistance, we can give you the names of three or more Individuals and or companies that can assist you in your needs. Our counselors are either licensed/ordained ministers or lay persons who have demonstrated the ability to rightly apply these Biblical Principles in their own lives. They are answering God's call on their life to help teach you these principles in a one-on-one setting or through the training classes. The Stewardship Ministry trains and disciples lay persons in these stewardship principles and therefore you might expect a trainee to be present in one or more of your sessions.

By signing my name to this form, I am stating that I have read and understand its content and meaning. I further state that I will hold harmless First Baptist Church of Woodstock, Georgia and any and all of its Counselors, Trainers, Teachers and lay persons who may be assigned to me (us). I understand that I willingly have submitted to counsel and at all times, I have the right not to follow any counsel which I may receive.

Name

Date

Name

Date

Consent to Release Information

It is the policy of the Stewardship Ministry to keep any and all information received by us as a matter of confidentiality. Without your permission, we will not share any information with anyone for any reason. However, as a matter of law, we are required to share any information you give us that could place you or anyone else in jeopardy or in harms way. It may be necessary for counselors to share with others who are attempting to assist you with certain information which you want us to share. Therefore by giving us names of these persons and by signing this form, you are giving us permission to share pertinent information which may be of importance in assisting you in your situation. If you do not want any information shared, then you will not print or write names below this line.

1. _____
2. _____
3. _____
4. _____
5. _____

By signing this form, you are consenting to the release of, or sharing of information concerning your counseling case to the above listed individuals. Information will only be shared with those listed above and confidentiality will be maintained otherwise.

I the undersigned, consent for the Stewardship Ministry of First Baptist church Woodstock, Georgia to share confidential information about my counseling case among the above listed persons.

Signature of Client Date

Signature of Client Date