

Acts of Grace

INSTRUCTIONS

1. You must be at least 20 years of age to participate.
2. Please allow yourself some privacy and time to think through and complete the application as best as possible. You will print and bring your application with you in Step 2 below.
3. Call the church at 936-597-5742 and ask for Candi Smith, our Acts of Grace Admin, to set-up a confidential meeting to go over your application and provide you with greater details on the Bible study (*Ladies will meet with Brindley Ginn and men with Joe Zwall*).

CONFIDENTIALITY

- ❖ It may seem archaic, but “paper only” is the best method for confidentiality at Lone Star Cowboy Church. We do not utilize digital files for Acts of Grace, which means your information will not be stored on any of our digital systems. This protects your information from data breaches or accidental access from unauthorized people.
- ❖ Files are locked in a safe place. Once you have completed the Acts of Grace bible study, your file is shredded.



Post Abortion Intake Form

PERSONAL INFORMATION

Name: _____ Date: _____

Best Phone Number: _____ Cell _____ Home _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Is your abortion confidential or may we (Select all that apply):

Leave a voicemail? Yes _____ No _____ Text? Yes _____ No _____ Email? Yes _____ No _____

Your Current Age: _____

Relationship Status:

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Are you currently or have you ever been under the supervision of a Mental Health Professional? Currently _____ Previously _____ Never _____

Are you currently or have you ever taken antidepressants or any other Mental Health Medication? Currently _____ Previously _____ Never _____

If currently, please list **only** mental health medications:

Have you ever attempted suicide? Yes _____ No _____ If yes, how long ago? _____

PREGNANCY RELATED

How many children have you carried to term? _____

What are the ages of your children (if applicable)? _____

Have you suffered any other pregnancy losses? Yes _____ No _____

If yes, how many losses due to the following options:

Adoption _____ Still-Born _____ Miscarriage _____

ABORTION RELATED

How many abortions have you had? _____

Abortion 1

How old were you? _____ Marital Status? _____

Type of Abortion? Suction _____ D&E _____ Saline _____ Prostaglandin _____
 Partial-Birth _____ Chemical Abortifacient _____

Physical Complications Incurred: _____

Did you feel pressured into having the abortion? Yes _____ No _____

If yes, explain: _____

Abortion 2

How old were you? _____ Marital Status? _____

Type of Abortion? Suction _____ D&E _____ Saline _____ Prostaglandin _____
 Partial-Birth _____ Chemical Abortifacient _____

Physical Complications Incurred: _____

Did you feel pressured into having the abortion? Yes _____ No _____

If yes, explain: _____

Abortion 3

How old were you? _____ Marital Status? _____

Type of Abortion? Suction _____ D&E _____ Saline _____ Prostaglandin _____
 Partial-Birth _____ Chemical Abortifacient _____

Physical Complications Incurred: _____

Did you feel pressured into having the abortion? Yes _____ No _____

If yes, explain: _____

Abortion 4

How old were you? _____ Marital Status? _____

Type of Abortion? Suction _____ D&E _____ Saline _____ Prostaglandin _____
 Partial-Birth _____ Chemical Abortifacient _____

Physical Complications Incurred: _____

Did you feel pressured into having the abortion? Yes _____ No _____

If yes, explain: _____

Have you ever discussed the impact of the above abortion(s) with anyone?

Yes ____ No ____

If yes, with who? _____

When and how did you come to believe that you needed help in dealing with the above abortion(s)?

What have you experienced emotionally since the abortion(s)?

INSIGHTS

The following questions provide an opportunity for you to “think out loud” on paper about spiritual issues. You may have never taken the time to stop and think about what your thoughts are concerning spiritual issues. Before entering into a Bible study group, it would be beneficial for you and us to take some time, think about these questions, and put down what you honestly believe (not what you have been taught or what you think we want to hear). Also know that you are not being “judged” by your answers. Do not let the space limit you - if you feel like writing more, use the back of the sheet or even additional notebook paper. Thank you.

1. What led you to consider attending an abortion recovery Bible study?

2. How do you feel about your abortion decision(s)?

3. How do you view God?

4. How do you feel about prayer?

5. How often do you pray?
____ Never Pray ____ Seldom Pray ____ Sometimes Pray ____ Often Pray

6. How familiar are you with the Bible?
____ Not familiar ____ A Little Familiar ____ Fairly Familiar ____ Very Familiar
7. How do you view the Bible?
8. What is your idea of a “Christian” (what makes someone a “Christian”)?
9. There will be people in the group who define themselves as Christians. Can you feel comfortable with this?
10. What does the word “repentance” mean to you?
11. If you believe in the existence of God, how do you think God views the abortion(s)?
12. What is your understanding of “forgiveness”?

13. Do you feel forgiven? Explain

14. Who is Jesus to you?

The following to be completed by LSCC interviewer:

Date Received: _____ Approved ____ Not Approved ____

Interviewed By: _____