



**STEPHEN
MINISTRY**

Referral Form

Date: _____

Person in Need of Care: _____

Address: _____

Date of Birth or Approximate Age: _____ Gender: M F

Cell Phone: _____ Email: _____

Home Phone: _____ Employer: _____

Church Affiliation: _____ Occupation: _____

Currently Active in Church? Yes No Uncertain

Who initially identified the Care Receiver? _____

Marital Status: Single Married Divorced Widowed

Circumstances Prompting Referral:

Other Persons Caring for the Care Receiver (e.g., family, Bethel Staff, Professional Caregivers):

Name: _____ Relationship to Care Receiver: _____

Name: _____ Relationship to Care Receiver: _____

Name: _____ Relationship to Care Receiver: _____

Yes No Has the Care Receiver been prepared for Stephen Ministry by a Bethel Staff Member or Care Ministry Volunteer?

Yes No Has the Care Receiver consented to receiving care by a Stephen Minister?

Form completed by: _____

Please return this form to: _____ Office Use Only: _____ [SS]



Bethel Church Care Ministry
2702 30th Ave S, Fargo ND
701-232-4476 www.bethelc.com

_____ [App]