LINKCARE
FOUNDATION
strengthen+equip+restore

Restoration and Personal Growth (RPG) Program Application

Thank you for considering Link Care Foundation at this time. We understand that reaching out to us means you are experiencing some level of distress. Please take comfort in knowing that we understand and are here to help. Link Care has existed for over sixty years, caring for and helping in the restoration process of missionaries serving all around the world. Collectively, our clinicians have a variety of expertise, years of experience and most importantly, a heart for those who serve God in ministry. In addition, our administrative staff are here to help with all of the logistics required to get you here and serve you throughout your stay at Link Care. Again, thank you for your reaching out, you are on your way to the healing you seek!

The purpose of this application is to provide Link Care with information about you and your family necessary for us to assess the needs you have and confirm Link Care is the appropriate place for you. Please read all of the information below to orient you to the application process. If you have any questions or concerns throughout the application process, please reach out to the Intake Coordinator, Lisa Basile. When you've completed the application, please submit it to Lisa Basile, via email (lisabasile@linkcare.org).

In keeping with client confidentiality, please understand that communication with applicants is not shared outside of the necessary Link Care staff without permission. However, there are exceptions to this that Link Care must legally abide by such as disclosure of child or elder abuse. Application information is shared with Link Care staff to make clinical decisions such as team assembly, housing accommodation needs, administrative issues etc. all under the acknowledgment and adherence to HIPAA (Health Insurance Portability and Accountability Act) regulations.

Upon receipt of your application, the Intake Coordinator will schedule a follow up call. The purpose of the call is for the intake coordinator to gather additional information needed, clarification on any application responses, to answer any of your questions, and ultimately for the purpose of confirmation Link Care is the right choice for you. It is our greatest desire that all applicants in need of care find the right place for that. If it becomes apparent, Link Care is not the right fit, we are happy to pass along resources to you that may assist you in seeking care elsewhere.

Please be aware The RPG program requires all participants to commit to a minimum four weeks. While you are with us, the team of clinicians assigned to you will consult with one another and may recommend an extension (not required, voluntary) if they feel it will benefit your care and treatment. We will provide an upfront recommendation of time needed based on your application and phone conversation with the intake coordinator. In some cases, we recommend more than four weeks up front. We have found that the most productive length of time is 4-6 weeks.

Once you have submitted your application and had a phone conversation with the coordinator, your part is complete, but Link Care has several additional steps required before we can officially offer you a spot in the program. We must consult with our team of clinicians to assess if the presenting needs fit within our scope of expertise, confirm available housing and therapists, communicate and confirm financial agreement, and confirm date for arrival. Once all of that has been completed on our end, the Intake Coordinator will provide an official acceptance letter to you with additional information on next steps. *Consequently, please DO NOT purchase air tickets or make non-reversable travel plans until you receive our official acceptance letter which will include the arrival date scheduled for you.*

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Application Questions

Please type your answers under or next to the question:

Basic Information:

1. Full Names, Date of Birth, & ethnicities of all family members planning to participate at Link Care:

2. Mission Agency or Church you work with:
3. Is it o.k. for Link Care to contact Agency?
4. Number of Years on the field with current agency:
5. Number of years on Field total (with any other agency):
6. Country of service currently:
7. Have you received care from Link Care before?
8. Have you received care from other organizations, if so which ones and when?

9. What month are you hoping to come to Link Care?
10. Do you have flexibility on arrival date to Link Care?
11. How did you hear about Link Care?
12. Is your request for Services at link Care self-initiated or agency initiated?

Contact Information:

13. Country/state you are from:

14. Mailing address (where you can receive mail easily/safely):

15. Home/Cellphone Number:

16. Is it o.k. for Link Care to leave a voice message on phone?

17. Email address:

18. Whom may we contact in case of emergency? Please include the person's name, your relationship to them, their address, phone number and email.

About You, Your Family and Ministry:

19. Please describe your ministry responsibilities (if you are coming with your family, divide by person if there are different responsibilities for different family members):

20. Briefly describe the overall experience you've had with your teammates in the organization you serve with:

21. Share with us the primary concerns you would like to address while at Link Care:

22. If coming in a family, who is the primary family member of greatest need?

23. Have you, or anyone in the family who is planning to come to Link Care, recently had suicidal thoughts or engaged in any self-harming behavior? If yes, please provide brief description.

24. Have you, or anyone in the family who is planning to come to Link Care ever been admitted to a psychiatric hospitalization? If so, please provide dates of event.

25. Are you currently or have you ever dealt with addiction of any kind? If so, please share about the nature of the addiction, if you've been in treatment what that experience was like, and if the addiction is current or in your past (if in your past please provide approximate time frame)

26. Do you, or anyone in your family planning to come to Link Care, have a mental health diagnosis from a doctor or other health care professional? If so, when were you/they diagnosed? Please identify diagnosis, if you are taking medication (and specifically what type), and any other managing strategies you use.

27. Assuming progress during your time at Link Care, is it your desire to return to ministry?

For those coming as a couples, please answer the following questions:

1. Years married:

2. Primary areas of concern within marriage:

3. Goals for marital therapy:

4. Has there been domestic violence in the last 5 years? If so, what happened? When? (We define domestic violence as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone).

For those coming with children, please answer the following questions:

1. Children's names, ages and dates of birth:

2. What specific concerns do you have for each of your children?

3. If you plan to be here during the school year, will you enroll your children in public school, private Christian school, or will you home-school? (Either is fine with us - just helps in our planning)

4. Is there any history of physical, emotional, sexual abuse or neglect of children in your home?

5. Has an official report regarding child abuse of any kind ever been officially reported through Child Protection Services? If so, please explain circumstances:

6. Goals for family therapy:

Financial Information:

28. Who will be financially responsible for your time at Link Care? If multiple parties will contribute please list all, please include name, position in agency, email address and phone number:

29. Do you plan to use insurance for any portion of payment?

30. Link Care requires the total amount of first month be paid upfront. To whom should we send the request for up-front first month's payment? Please include person's name and email.

Health Insurance: We will try to match counselors with your insurance, however, we cannot guarantee you will be assigned therapists who qualify on your specific plan. Please bring your insurance card with you to Link Care.

1. Name of insurance carrier:
2. Health insurance 800 # (for providers):
3. Group Number:
4. Name of insured:
5. ID of insured:
6. Date of birth of insured:
7. Name of spouse:
8. ID of spouse:
9. Date of birth of spouse: