

# ARUKAH

*Heal, Restore, Rebuild, Wholeness*

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## CLIENT INTAKE PACKET

Coaching · Discipleship · Care

### INSIDE THIS PACKET

- Form 1 Client Information
- Form 2 Informed Consent & Services Agreement
- Form 3 Release, Waiver, and Assumption of Risk
- Form 4 Acknowledgment & Signature Page

*Please complete every page in full. We review your packet before your consultation and first session so we can support you well. If a question does not apply, simply write "N/A."*

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**FORM 1 · CLIENT INFORMATION**


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Please print clearly. All information you share is handled according to the confidentiality and limits explained in Form 2.

FULL NAME

DATE

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DATE OF BIRTH

AGE

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ADDRESS

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CITY

STATE

ZIP

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PHONE — CELL

PHONE — ALT.

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EMAIL

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PREFERRED WAY TO REACH YOU

MAY WE LEAVE A VOICEMAIL? (YES/NO)

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**Family & Household**

MARITAL STATUS (S / M / D / W)

SPOUSE'S NAME (IF ANY)

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AGES OF CHILDREN IN THE HOME

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**Emergency Contact (Required)**

*This person will only be contacted in a true emergency, such as an imminent safety concern.*

NAME

RELATIONSHIP

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PHONE

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**About Your Visit**

1. How did you hear about Arukah and/or LifeCare?

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2. What specifically has drawn you to Arukah? (What are you hoping for?)

3. When did you first notice this concern or desire for support?

4. Are you currently under the care of a licensed physician, psychologist, psychiatrist, counselor, or therapist for this concern?  Yes  No

If yes, please share provider name and type (optional):

5. Have you ever received coaching, counseling, or pastoral care before?  Yes  No

If yes, when and for what?

What were the results?

**Faith & Approach**

Arukah offers care rooted in a Christian, faith-based framework. We welcome the opportunity to serve and help anyone in need.

6. Are you a person of faith? Would you like a Biblically-grounded approach as part of your care?

**Scheduling**

SERVICE REQUESTED

SESSION FORMAT

Service examples: Life Coaching · Discipleship · Marriage/Relationship Support · Lifestyle Coaching · Pastoral Counseling · Peer Counseling · Limbic System Reset Support · Inner Healing Prayer

Format options: · In-person · Phone · Virtual/Video

DAYS / TIMES YOU ARE GENERALLY AVAILABLE

ASSIGNED CAREGIVER/ADVOCATE/PEER SUPPORT PERSON (OFFICE USE)

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## FORM 2 · INFORMED CONSENT & SERVICES AGREEMENT

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This agreement explains who we are, what we do, and what you can expect. Please read it carefully. If anything is unclear, ask us before you sign. Your signature on the final page confirms that you have read, understood, and agreed to all four forms in this packet.

### 1. Who We Are

Arukah is a faith-based care ministry as part of LifeCare Christian Center offering life coaching, pastoral counseling, peer counseling/support, limbic system reset support, inner healing prayer, lifestyle coaching, marriage/relationship support, and discipleship to individuals, couples, and families. We are not a medical, psychological, or psychiatric practice.

### 2. Nature of Our Services

Our caregivers walk alongside you through coaching, prayer, Scripture, education and guided reflection. Our goal is spiritual growth, personal encouragement, and practical life direction within a Christian framework.

Our services are peer, pastoral and educational in nature. They are not the practice of clinical social work, mental health counseling, marriage and family therapy, psychology, or medicine. We do not diagnose mental or physical health conditions.

### 3. Who Serves You

Your caregiver is a trained and credentialed paraprofessional. Our caregivers are not licensed by the State of Florida as clinical social workers, mental health counselors, marriage and family therapists, or psychologists under Chapters 490 or 491 of the Florida Statutes.

Arukah operates under the religious-activities exemption contemplated by Section 491.014(3), Florida Statutes, and all services are provided under the auspices and spiritual oversight of the Arukah and LifeCare leadership.

#### AN IMPORTANT DISTINCTION

Pastoral care and life coaching are not a substitute for medical care, mental-health therapy, or psychiatric treatment. If you are in crisis, have a diagnosed mental-health condition, or need clinical care, we will encourage you to seek a licensed professional, and we are glad to help you find one. In fact, we are developing relationships with contracted professionals in our area to refer our participants to.

### 4. Session Structure

- Sessions are typically 45 to 60 minutes, in person, by phone, or virtual/video.
- We will review your progress with you periodically and decide together whether to continue, adjust, or refer you elsewhere.

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- You may end our working relationship at any time, for any reason.

## 5. Fees & Cancellation

- Current fees will be provided separately in writing before your first paid session or the cost will be built in depending on the program package chosen and agreed to.
- As a courtesy to your caregiver, please give at least 24 hours' notice to cancel or reschedule.
- Sessions missed or canceled with less than 24 hours' notice may be subject to full rate billing and repeated no-shows may result in our ending the working relationship.

## 6. Virtual & Telephone Sessions

If you choose phone or virtual sessions, you consent to communicating by those methods. You understand that no electronic communication is perfectly secure, and you accept the ordinary risks of dropped connections, technology failures, and the possibility that someone could overhear.

## 7. Confidentiality — And Its Limits

What you share with your caregiver is treated with care and will be discussed only with Arukah and LifeCare leadership and supervisors, or with others whom you give us written permission to contact.

**No legal privilege.** Because our caregivers are not licensed mental-health professionals, your communications with them are not protected by the statutory counselor-client privilege under Florida law. If a court issues a subpoena or order, we may be required to disclose what we know.

We are also required by law or ethics to break confidentiality in the following situations:

- When we reasonably suspect that a child has been, is being, or will be abused, abandoned, or neglected, we will report to the Florida Abuse Hotline (1-800-96-ABUSE / 1-800-962-2873) as required by Chapter 39, Florida Statutes. In Florida, every adult is a mandatory reporter.
- When we reasonably suspect that a vulnerable adult or elderly person has been or is being abused, neglected, or exploited, we will report as required by Chapter 415, Florida Statutes.
- When we believe you are in imminent danger of seriously harming yourself or another identifiable person, we may contact emergency services, your emergency contact, or the person at risk.
- When disclosure is required or permitted by a court order, subpoena, or other legal process.
- For routine case review and training within Arukah and LifeCare's supervisory structure.

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## 8. In a Crisis

Arukah is not an emergency service and does not provide after-hours coverage. If you or someone you know is in immediate danger, do not wait for a session:

- Call 911.
- Call or text 988 (Suicide & Crisis Lifeline).
- Go to the nearest hospital emergency department.

## 9. Your Rights as a Client

- You may ask questions about your care at any time.
- You may decline any suggestion, practice, or conversation topic.
- You may end the working relationship at any time, for any reason, without penalty.
- You may request that we coordinate with, or refer you to, another provider.

## 10. Records

We keep brief written notes of your sessions for the purpose of continuity of care and supervision. These notes are kept securely and are not shared outside the situations described in Section 7.

## 11. Governing Law

This agreement is governed by the laws of the State of Florida. Any dispute arising from our relationship will be brought in the state courts located in the Florida county where Arukah is principally located, unless the parties agree in writing to an alternative.

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## FORM 3 · RELEASE, WAIVER, AND ASSUMPTION OF RISK

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***Please read this section in full before signing. It affects your legal rights.***

### **1. The Parties**

In this Release, “Arukah” means Arukah Ranch as well as LifeCare Christian Center and its directors, officers, employees, contractors, volunteers, caregivers, coaches, ministers, supervisors, agents, and property owners. “I” means the person signing below, and, where the signer is a parent or legal guardian, also the minor child identified on the signature page.

### **2. What I Am Agreeing To**

I have chosen, of my own free will, to receive coaching, care, pastoral or peer counseling, discipleship, instruction or other services from Arukah. I confirm that:

- I have read Form 2 (Informed Consent & Services Agreement) and I understand the nature and limits of what Arukah offers.
- I understand that Arukah caregivers are paraprofessionals, not licensed mental-health professionals or medical providers, and that our sessions are not psychological treatment, or medical treatment.
- I understand that Arukah’s services are provided according to its Christian, faith-based principles and are not represented as conforming to any standard of psychological, psychiatric, or medical practice.
- No promise or guarantee has been made to me about any specific outcome, result, or improvement.

### **3. Assumption of Risk**

I understand that coaching and pastoral conversations may surface difficult emotions, memories, or decisions. Activities on the Ranch property, including walking on uneven ground, weather exposure, interaction with animals, and other ordinary ranch activities, carry their own risks. I knowingly and voluntarily assume all ordinary risks associated with participation in Arukah’s services and activities.

### **4. Release of Liability**

To the fullest extent permitted by Florida law, I release, waive, and forever discharge Arukah from any and all claims, demands, causes of action, damages, costs, and expenses (including attorneys’ fees) arising out of or related to my participation in Arukah Ranch’s services, programs, or activities, including those caused by the ordinary negligence of Arukah.

This release does not apply to, and I do not waive, any claim based on gross negligence, intentional misconduct, or any other conduct that cannot be waived as a matter of Florida law.

## 5. Homestead Outdoor Activities

### **WARNING — EQUINE/ANIMAL ACTIVITIES**

**Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.**

If my care at Arukah involves animals, I acknowledge the warning above, which is provided pursuant to Chapter 773, Florida Statutes. I understand that animals can behave unpredictably and that I participate in any activity involving animals at my own risk.

## 6. Minors — Parent or Legal Guardian Waiver

### **NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ARUKAH USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN RISKS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ARUKAH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING HARM TO YOUR CHILD OR ANY PERSONAL PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

If I am signing this packet as the parent or legal guardian of a minor, I represent that I have full legal authority to do so, and I agree that this Release applies to the minor as well as to me.

## 7. Media & Photographs

From time-to-time Arukah may take photographs or video of general activities. I may opt in or out below. My choice has no effect on the services I receive.

- I give permission for Arukah to use my likeness (or my minor child's likeness) in ministry, donor, and marketing materials.
- I do not give permission for use of my likeness.

## 8. General Terms

- **Governing Law.** This Release is governed by Florida law.
- **Venue.** Any legal action related to this Release will be brought in the state courts of the Florida county where Arukah Ranch is principally located.
- **Severability.** If any part of this Release is held unenforceable, the rest remains in effect.
- **Entire Agreement.** This packet (Forms 1–4) is the complete agreement between us about these services and replaces any earlier oral or written understandings.

# FORM 4 · ACKNOWLEDGMENT & SIGNATURE

### BEFORE YOU SIGN

By signing below, you confirm that you have read Forms 1, 2, and 3 in full, that you have had a chance to ask questions, that you agree to the terms, and that you are signing of your own free will.

#### Client

PRINTED NAME

\_\_\_\_\_  
SIGNATURE DATE

#### Parent or Legal Guardian (required if client is under 18)

PRINTED NAME

RELATIONSHIP TO MINOR

\_\_\_\_\_  
SIGNATURE DATE

#### Arukah Ranch Caregiver

PRINTED NAME

\_\_\_\_\_  
SIGNATURE DATE

### WHAT HAPPENS NEXT

Once we receive your completed packet, we will confirm your consultation, match you with a caregiver, arrange for your first session, and send you any additional information you need. Welcome to Arukah — we are honored to walk with you.