



Mulberry Tree Discipleship Form

Print out and complete the form below. Mail completed form:

Mulberry Tree Ministries
11 Timway Ct. Fairport, NY 14450

Name: _____ Date: _____

Address: _____

City/State/Zip _____

Cell Phone _____ Phone (Home) _____

DOB: _____ SS#: _____

Marital Status: Married Separated Divorced Widowed
 Military Veteran? On Disability? On Parole? On Probation?

INTEREST IN CHRISTIANITY

	Yes	No
Would you consider yourself a believer in Jesus Christ?	<input type="checkbox"/>	<input type="checkbox"/>
Would you consider yourself a disciple of Jesus Christ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had Christians motivate you to seek Jesus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had Christians encourage you to put the past behind you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had Christians help you plan for your future in freedom?	<input type="checkbox"/>	<input type="checkbox"/>

OUR EXPECTATIONS:

1. Schedule one phone call every week and discuss your progress on a goal and your Christian commitment.
2. Schedule at least one in-person visit every month.
3. Commit to doing one good deed to help another person, every month.
4. Memorize 1 Bible verse a month. We can provide a list of faith building verses.
5. Read one book every two months. We can provide a list of good books.
6. Try to follow the Interactive Bible Reading Schedule daily
 - a. **Journal your thoughts**, especially the miracles that God does for you
7. Journal your **prayer requests** and **answers** [We will provide a book]
8. Anything you would like to add

The **ten domains**, inter-related growth areas of your life, defined by Michael Hyatt are listed below. He concluded this list by stating, "confidence, happiness, and life satisfaction are byproducts of personal growth." [Michael Hyatt, "Your Best Year Ever", p. 18,19]

1. Spiritual: your connection to God
2. Intellectual: your engagement with significant ideas
3. Emotional: your psychological health
4. Physical: your bodily health
5. Marital: your spouse or significant other, if you have one
6. Parental: your children, if you have any
7. Social: your friends and associates
8. Vocational: your profession
9. Avocational: your hobbies and pastime (entertainment)
10. Financial: your personal or family finances

FAMILY

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone (Home) _____ Cell Phone _____

Children's Name and Birthdates:

BASIC NEEDS

Need Have Planning For

- | | | | |
|----------------|--------------------------|--------------------------|--------------------------|
| Safe Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Goal _____

Plan In Steps _____

By When? _____

IDENTIFICATION

Need Have Planning For

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State ID / Driver's License | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security Card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Goal _____

Plan In Steps _____

By When? _____

NEW VALUES / MINDSET

Need Have Planning For

List Of Success Values

Growth Mindset

Goal _____

Plan In Steps _____

By When? _____

NEW FRIENDS

Need Have Planning For

Positive Support

Goal _____

Plan In Steps _____

By When? _____

SELF-IMPROVEMENT

Have you taken the Adverse Childhood Experiences Assessment (ACE)? Yes

Have you ever had trauma-informed care and healing? Yes

Was it helpful? Yes

Have you been diagnosed with PTSD? Yes

Have you had treatment for it? Yes

Have you ever had Cognitive Behavioral Therapy (CBT)? Yes

Was it helpful? Yes

Have you attended anger management classes? Yes

Has anger control been a weakness for you? Yes

Have you attended Conflict Resolution classes? Yes

Goal _____

Plan In Steps _____

By When? _____

FAMILY/MARITAL

Domestic violence

Will Need

Have Had

Parenting Support

Goal _____

Plan In Steps _____

By When? _____

ALCOHOL/DRUGS

Need Have Planning For

Active Treatment

Goal _____

Plan In Steps _____

By When? _____

EDUCATION

Need Have Planning For

Adult Basic Education

High School Diploma or GED

Vocational School

College

Goal _____

Plan In Steps _____

By When? _____

EMPLOYMENT

Need Have Planning For

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| Job Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interviewing Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resume | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting A Job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Goal _____

Plan In Steps _____

By When? _____

LEISURE

Desire

Planning For

- | | | |
|-------------------------|--------------------------|--------------------------|
| Recreational Activities | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------------|

Goal _____

Plan In Steps _____

By When? _____

LEGAL

Need Have Planning For

Tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parole Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal _____

Plan In Steps _____

By When? _____

LIFE SKILLS

Need Have Planning For

Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Skills (interpersonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengths Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal _____

Plan In Steps _____

By When? _____

Critical Thinking/Problem Solving

Oral/Written Communications

Teamwork/Collaboration

Digital Technology

Leadership

Professionalism/Work Ethic

Career Management

Global/Intercultural Fluency

<https://tekmountain.com/soft-skills-assessment-harder-than-it-looks/>

HEALTH

Need Have Planning For

Eye Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Medical Conditions: _____

Goal _____

Plan In Steps _____

By When? _____

SPIRITUAL

Need Have Planning For

Spiritual beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal _____

Plan In Steps _____

By When? _____

RESTORATIVE JUSTICE Need Have Planning For

Restitution

Restoration

Goal _____

Plan In Steps _____

By When? _____

Congratulations

You have taken a significant step in taking control of your life. When you commit your life to the Lord, He wants you to take the initiative to plan and act. He will direct you, after you start taking steps. Making this Reentry Growth Plan is the first step. Ask the Holy Spirit to give you the strength and wisdom to act on the plan and to make progress. Dedicate your success to Him and ask Him to bless each step you take.

If you are looking for additional support after you have been released, please contact us at success@mulberrytreeministries.org. We are committed to helping you fulfill your purposes and to your spiritual fruitfulness.

- ❖ *Commit your works to the LORD, and your thoughts will be established. (Prov 16:3)*
- ❖ *for it is God who works in you both to will and to do for His good pleasure. (Phil 2:13)*
- ❖ *that you may walk worthy of the Lord, fully pleasing Him, being fruitful in every good work and increasing in the knowledge of God... (Col 1:10)*
- ❖ *grow in the grace and knowledge of our Lord and Savior Jesus Christ. (2Pet 3:18)*