



Greensboro, NC 27407
ajourneyintowholeness@ymail.com
336-708-1148
Professional Disclosure Statement

Welcome to A Journey into Wholeness Life Skill Building Counseling Services and thank you for choosing our organization. Please carefully read the following information because it will help you utilize our services most effectively. I would like to inform you that I realize that change is not easy for any of us, however, taking the first step in learning new life skills is a positive step in the right direction to your future. Allow me to help you with this positive change in your life. I believe that learning new life skills is a positive step in the right direction to anyone's life/future. Counseling to me is a collaboration between the individual and the counselor in hopes of meeting a common ground that will allow the individual to envision a brighter future. A Journey into Wholeness Life Skill Building Counseling Services do this by creating a plan of action that consist of goal setting to assist with the issues; interventions to implement skill building tools; and last we record the client's progress.

Furthermore, I know that sometimes life situations occur that a mediator is needed and if given the opportunity, I know I could serve you in the most practical and professional way possible; if you have any questions or concerns, please ask, and we will do our best to assist you in the most professional way possible.

Professional Credentials: The Executive Director, Charlene Neal Keitt, earned a Dural Bachelor of Arts Degree in Christian Counseling and Bible Theology from Laurel University in High Point N.C. and graduated May 2011. After working in the mental health fields for 10 years, Charlene Neal-Keitt started the company A Journey into Wholeness Life Skills Building Counseling Services. Currently she serves as the Life Skill Building Counselor and Workshops Facilitator for youth and adults. Previously she served as a Qualified Professional/ Intensive In-home counselor with Support Inc. in Gastonia NC. She also served as an Intake counselor for the Greensboro Pregnancy Care Center in Greensboro NC; Facilitated a workshop for Pathways Homelessness; and ran a five-week program for Fresh Start for Children, a Level III Residential Home in Greensboro, NC., as well as a substance abuse counselor with Lexington Treatment Associates, a methadone clinic in Lexington, NC.



Greensboro, NC 27407
ajourneyintowholeness@ymail.com
336-708-1148

Furthermore, Charlene Neal-Keitt have had the opportunity to serve others in the form of mentoring by traveling around the world encouraging women; men and children who have been abused mentally, emotionally, and sexually through her book A Journey Into Wholeness, where she shares her story of how she overcame obstacles.

Visits and Fees: Our workshops are \$70.00 per person for 1 hour with a minimum of 10 participants. The workshop includes two topics of discussions, demonstration and illustration of both topics, and question and answer sessions.

Our individual sessions are \$50.00 per 55 minutes sessions and includes one topic of discussion, demonstration, and illustration.

We offer virtual workshops and sessions, however, will travel but, travel expenses must be included, with a minimum of 10 participants sitting 6 feet apart.

Thank you for choosing A Journey into Wholeness Life Skill Building Counseling. We look forward to walking with you on your Journey into Wholeness!

Ms. Charlene Neal-Keitt, Bachelor of Arts-Christian Counseling/Bible Theology

Life Skills Counselor- Facilitator

336-708-1148

ajourneyintowholeness@ymail.com

It's time for you to walk into your Journey of Wholeness!



Confidentiality Agreement

1. The successful partnership between the Counselor and Client is based on trust, honesty, and confidentiality.
2. The only time confidentiality of information will be breached is if a client shares information to the Life Skills Counselor that he or she is going to harm them self or another individual.
3. If the Life Skills Counselor is aware that a client is going to share information that may need to be passed on to another individual, the LSC will have the client to sign a consent of release form to release client's information to another person and or organization.
4. Be fully aware and understand what is to be shared and the possible implication of sharing the information.
5. Ensure the client is updated as quickly as possible on the outcome of sharing the information.

I have read and understand the confidentiality agreement.

Clients/Organization Signature.....Date.....

Life Skill Counselor.....Date.....

Life Skills Program Form

Date: _____

Name: _____

Date of Birth: _____

Home Address: _____

Home Telephone: () _____ **Work:** () _____

Cell Phone: () _____ **Email:** _____

Sex: __ Male __ Female

Race: __ White __ Black __ Indian __ Asian __ Hispanic __ Other

Highest Grade Completed: _____

Primary Language: __ English __ Sign Language __ French __ Spanish __ Other

Living Arrangement: __ Private Residence __ Other _____
Please Specify

Emergency Contact

Name: _____ **Relationship:** _____

Home Telephone: () _____ **Work:** () _____

Legally Responsible Person (if client is child) _____
Name Relationship

Home Telephone: () _____ **Work:** () _____

Eight Week Program: (place a check next to the areas you wish to discuss)

__ Communication issues __ Anger management __ Abuse/Trust Issues __ Peer Pressure

__ Self Esteem Issues __ Anxiety and Relationship Issues

REFERRED BY: _____

It time for you to walk into your Journey of Wholeness!