



**PERSONAL RECOMMENDATION FOR INCLUSION ON THE MERIMNAO
COUNSELOR REFERRAL LIST**

Name of Counselor	
Office Phone/E-mail	
Employer	
To the best of your knowledge is this person:	Licensed by the state of Texas? _____ A Christian? _____
How long have you known this person?	
Let us know of any counseling specializations they may have.	
Give us your reason for recommending this person.	
Have you discussed this recommendation with them?	
Today's Date:	
Your Name and Office phone:	
Your Signature:	

After completing this form please mail it to:

The Administrator, Merimnao Ministry
C/o The Fellowship at Cinco Ranch
22765 Westheimer Parkway
Katy, TX 77450

We will normally contact the referral within one week of receiving this form.
(For ministry information our web site is <http://merimnao.org>)