



**Do You Provide Abortion Recovery Services/  
Grief Counseling? Please fill out this form  
and we will refer clients to you.**

If you provide Abortion Recovery Services or Grief Counseling, please fill out this form and return it to Concepts of Truth, Inc. (address at the bottom of form). This information will ensure that our referral resources are current. We listen, refer clients to local help, mail resources and follow up.

**Abortion Recovery Provider Contact Information**

Date \_\_\_\_\_ Name of Center/Clinic \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Name of Counselor or Certified Leader \_\_\_\_\_ Credentials \_\_\_\_\_

**Abortion Recovery Services**

1. Name of Abortion Recovery Study, (ex. Forgiven & Set Free) /Bible study/Individual Counseling Interventions?  
\_\_\_\_\_
2. Training requirements for counselor or certified leader?  
\_\_\_\_\_
3. Professional Organization that requires a standard of client care/accountability of which you are a member?  
\_\_\_\_\_

**If you are interested in becoming a National Helpline phone staff member, please fill in below:**

All of our National Helpline part-time phone staff have experienced the pain of abortion, but have healed to help others. Call us or fill in form below for more information or application.

Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_



**Ask about our Music CD for  
Abortion Recovery!**



Millie & Dail Lace, Founders & Directors