

FAMILY VIOLENCE PROGRAM CONFIDENTIAL INTAKE FORM

Date: _____

INTAKE #

Client Name: _____		
Home Phone: () _____		
Address: _____	City: _____	Zip: _____
Age: _____	Birth Date: ____/____/____	
Soc. Sec. #: _____ - _____ - _____	Drivers License #: _____	

CASE # _____	
County: _____	
Probation Officer/ Attorney: _____	Phone _____
# _____	
Abuse Victim's Name : _____	
Address: _____	City: _____ Zip: _____

Occupation: _____	Work Phone: _____
Employer: _____	

Employer Address: _____	City: _____ Zip: _____

Significant Other (S.O.) Name: _____	
S.O. Age: _____ Birth Date: ____/____/____	
S.O. Employer/Occupation: _____	
S.O. Work Phone: _____	
Emergency Contact: _____ Phone: _____	
Please list others in household and relationship to applicant:	
Name: _____ Rel: _____	
Age: _____	

OFFICE USE ONLY: Paid

Date:

Needs Appointment: Date:

Time:

Name: _____ Rel: _____
 Age: _____ Name: _____ Rel: _____
 _____ Age: _____

FOR INTERVIEWER'S USE ONLY.

Assessment done: _____ Group waiting list: _____ Pending: _____
 Interviewer's initials: _____ Date: ____/____/____

SOCIAL HISTORY

0-none 1-daily 2-weekly 3-monthly 4-quarterly 5-yearly

	<u>Circle</u>
Did you experience physical violence by parents at home as a child?	0 1 2 3 4 5
Threats of physical?	0 1 2 3 4 5
Verbal abuse without threat of physical violence?	0 1 2 3 4 5
Did you see physical violence between your parents or guardian?	0 1 2 3 4 5
Did you hear threats of violence between your parents or guardian?	0 1 2 3 4 5
Did you hear verbal abuse between parents or guardian?	0 1 2 3 4 5
Did you experience physical violence by siblings?	0 1 2 3 4 5

CURRENT VIOLENCE QUESTIONNAIRE

1 - Never 2 - once or twice 3 - sometimes 4 - a lot

A.	Discussed issue calmly with significant other (S.O.).	_____
B.	Physically violent with S.O.	_____
C.	Sulked, refused to talk, withdrew affection or sex to punish S.O.	_____
D.	Stomped out in order to punish S.O.	_____
E.	Screamed, insulted or swore at S.O.	_____
F.	Verbally pressured S.O. to have sex.	_____
G.	Threatened to leave the marriage or relationship.	_____

- H. Threatened punishment other than physical (e.g. withholding money, taking away children, having an affair) or threatening to notify immigration. _____
- I. Children present during arguments or violence. _____
- J. Use or threat of weapon use. _____
- K. Threatened to disclose sexual orientation. _____

RELATIONSHIP HISTORY

How long have you been in this relationship?

- 1) Under one year 2) 1-2 yrs., 3) 2-5 yrs.
 4) 5-10 5) 10-20 yrs. 6) 20+ yrs. 1 2 3 4 5 6

How long were you involved in the last primary relationship?

- 1) Under one year 2) 1-2 yrs. 3) 2-5 yrs.
 4) 5-10 yrs. 5) 10-20 yrs. 1 2 3 4 5

When was the first violence in this relationship?

- 1) 0-6 mos. 2) 6 mos.-1 yr. 3) 1-2 yrs.
 3) 2-5 yrs. 4) 5-10 yrs. 5) 10-20 yrs. 1 2 3 4 5 6

What is the current frequency of violence?

- 1) Daily 2) Weekly 3) Monthly 4) Less 1 2 3 4

When was the first violence in the relationship before this year?

- 1) 0-6 mos. 2) 6 mos.-1yr. 3) 1-2 yrs.
 4) 2-5 yrs. 5) 5-10 yrs. 6) 10-20 yrs. 1 2 3 4 5 6

Have you been under the influence of any drugs while violent in your relationship? If yes what drug? _____

- 1) Always 2) Most of the time 3) Sometimes 4) Never 1 2 3 4

Has your partner ever needed medical treatment because of the violence?

- 1) Many times 2) Several times 3) Once or Twice 4) Never 1 2 3 4

In how many relationships have you been violent? Number _____

MILITARY HISTORY

Have you ever been in the military? 1) Yes 2) No 1 2
 (If you answered no please skip to page 4)

What Branch? 1) Navy 2) Army 3) Marines
 4) Air Force 5) Coast Guard 1 2 3 4 5

1) Active combat 2) Drill combat 3) Non-combat 1 2 3

Years served? 1) 0-2 yrs. 2) 2-4 yrs. 3) 4-10 yrs.
 4) 10+ yrs. 1 2 3 4

COUNSELING HISTORY

Do you have any special physical or mental condition?
 1) Yes 2) No If yes, what? _____ 1 2

Have you ever received counseling or mental health service?
 1) No 2) For violence
 3) For relationship problems other than violence
 4) For substance abuse 5) For psychiatric problems
 6) Other Please specify; _____ 1 2 3 4 5 6

Have you ever attempted suicide? 1) Yes 2) No 1 2
 How many times? _____

CRIMINAL HISTORY

Were you ever convicted of a crime? 1) Yes 2) No 1 2
 What? _____

Were you ever incarcerated? 1) Yes 2) No 1 2
 Why? _____

FAMILY VIOLENCE PROGRAM OFFICE POLICIES

PAYMENT FOR SERVICE: A \$65.00 non-refundable deposit must be paid before an appointment will be made for your assessment into the program. Clients are expected to pay for service at the time they are rendered unless other arrangements have been made IN ADVANCE with the Executive Director. Please notify us if any problems arise during the course of your therapy regarding your ability to make timely payments.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. Any appointment missed with less than 24 hours notice is charged full fee. YOU are responsible for these fees. No other appointment will be scheduled until these fees have been paid. These fees will not be billed to private insurance or to any other agency.

EMERGENCY PROCEDURE: If you need to contact your therapist between sessions, please leave a message with the office or answering service at 443-7358. Your call will be returned. If an emergency situation arises, inform the service that your call is an emergency. Please do this for true emergencies only. Each client's situation is unique and **it is possible you will be billed for a phone consultation.** This service is available to you 24 hours a day.

IF FOR ANY REASON A CHECK IS RETURNED TO US BY THE BANK: We do not re-deposit. You must replace the amount of the check and the bank service fees with either cash, cashiers check or money order. A personal check is not acceptable at this point. **The returned check fees are \$15.00.**

I have read and understand these office policies.

Client's Name Printed

Client's Signature

Date

GROUP AGREEMENT

My goals in participating in the 52 week Family Violence Project Intervention program are:

- 1) To eliminate my physical and emotional abuse of people.
- 2) To actively explore myself, my attitudes and my conditioning in order to change my behavior.

I understand that I have been unable to deal with my problem by myself and want the support and help of other group members in solving it.

I want to understand the roots and causes of my violence and to end it by learning to take responsibility for my own behavior.

I want to understand people's needs and the right not to be abused.

In pursuing these goals, I make these commitments to myself and to the other members of the group:

- To attend meetings regularly and on time.
- To attend clean and sober.
- To respect complete confidentiality.
- To avoid the use of physical or verbal threats.
- To participate actively.
- To disclose the full extent of my violence.
- To be honest and straightforward.

-- That however I got here, I am here because I want to change.

Date

Signature

FAMILY VIOLENCE PROJECT

CONFIDENTIALITY RELEASE FORM

Ordinary Patient - Psychotherapist privilege is limited for participants of the above treatment program at Humboldt Family Service Center. Since you have been referred for treatment through a community based treatment program, many agencies, court and other therapists may be involved. A staff of counselors from Humboldt Family Service Center and other agencies meets weekly to coordinate services, assess progress and make recommendations.

The California Evidence Code (1012) states that confidentiality means that confidential information is not disclosed to a third party other than those “who are present to further the interest of the patient in the consultation, or those to whom disclosure is reasonably necessary for the purpose for which the psychotherapist is consulted.”

As part of the treatment program, we may consult with other therapists, probation officers, child welfare services, attorneys, District Attorney, Public Defender, current/past intimate relationship partners and other appropriate agencies/individuals when this is considered necessary to further your interests or to accomplish the purpose for which you consulted with us. The agencies shall include but are not limited to:

- 1) Humboldt County Probation Department
- 2) State Parole Board Office
- 3) Public Defender
- 4) District Attorney
- 5) Child Welfare Services
- 6) Humboldt Child Care Council
- 7) The Abuse Victim (*victim's name must be filled in on front page*)
- 8) Humboldt County Mental Health
- 9) Another Certified DV Program: _____
(M/WEND, PAVE, Breaking the Cycle, Bear River, Peace Offering)
- 10) Private Attorney (NAME) _____

I, _____, understand the limits to the patient-psychotherapist privileged communication, and agree that this release covers those

agencies identified as necessary to the therapeutic process (this contract is **non-negotiable** and is to be signed **as is**, in order to proceed further into the program).

Signed _____

Date _____

FAMILY VIOLENCE PROJECT POLICY & PROCEDURE

VIOLATION OF THE FOLLOWING MAY RESULT IN IMMEDIATE DISMISSAL FROM THE FAMILY VIOLENCE PROJECT.

- 1) Failure to attend meetings regularly and/or on time may result in termination. Missing two consecutive meetings or three absences of any kind during the 52 weeks, without previous arrangements, will result in referral to the Program Director and the Probation Department, as stated in subdivision (c) of Section 6385 of the family code. Please contact your group leader at least 24 hours in advance if you are unable to attend group. Group members are expected to actually make the call. Absences cannot be excused if a partner, relative or friend call. All illnesses will require a note from your physician, otherwise absence will be unexcused.

- 2) Failure to attend clean and sober (that means no use of chemicals 24 hours before meeting) will result in dismissal from the group and you will be considered as absent for that session.

- 3) Failure to respect complete confidentiality will constitute an explanation by that man who breached confidentiality. Explanation will be offered to the entire group and the group will make recommendations to the Group Counselor. Decision of the Group Counselor relevant to future participation is final.

- 4) Use of verbal or physical threats. This is a therapeutic issue and will be handled in the FVP group. ANYONE WHO PHYSICALLY ATTACKS AND/OR BATTERS HIS PARTNER, will be re-evaluated by the group. Explanation will be offered to the entire group and the group will make recommendations to the Group Counselor. Decision of the Group Counselor and/or Director relevant to future participation is final. ANY Second Domestic Violence arrest will result in referral back to the Criminal Justice System. Re-assessment back into the Family Violence will be upon discretion of the Family Violence Project Director and the Criminal Justice System.

- 5) Failure to participate actively, will result in recommendations by the Group Counselor to the FVP Team. Therapeutic recommendations will also be made by the Team.
- 6) Group members who fail to be honest and straight-forward may be brought to the attention of the FVP Team and Therapeutic recommendations will be offered.

FAMILY VIOLENCE PROJECT

- 1) The Family Violence Project lasts one year. You cannot complete this program in less than one year.
- 2) Orientation is ten (10) weeks long, then you will be moved into an evening group for the remaining 42 weeks.
- 3) You will be counted tardy if you are more than ten (10) minutes late. This equals an absence.
- 4) At the end of orientation, members move to a long term group for the remainder of the fifty-two (52) weeks. These generally take place in the evening hours.
- 5) If you miss more than one (1) meeting without calling in, you will be terminated. You may have up to three (3) excused absences during the program without termination.
- 6) In order to graduate, you must have your bill paid in full.
- 7) When canceling an appointment, you yourself must call. Not anyone else.
- 8) We have an answering service available to you 24-hours a day. If for any reason you need to cancel, call 24 hours in advance to avoid any charges.

- 9) If you have questions regarding these policies, please contact the Humboldt Family Service Center at 443-7358.

- 10) Victims/partners and the District Attorney will be notified in writing if you are terminated from the program.

Client's signature

Date