# CLASS INTAKE COVER SHEET

# CLIENT RIGHTS

**Dignity**

You have the right to be treated with dignity and respect, and to receive the same consideration as anyone else regardless of any of the following:

| | | | | | |
|---|---|---|---|---|---|
| Race | Creed | Age | Religion | Disability | Sexual Preference |
| Source of Payment | Color | Beliefs | Sex | National Origin | |

**Understand**

1. You have the right to be informed of the following:
   - The staff's assessment of your issues in a language you understand
   - Recovery Plan
   - Possible outcome and side effects of recovery
   - Expected length and cost of program
2. You have the right and responsibility to aid in the development of your Recovery Plan
3. We have the right to refuse service to anyone

**Confidentiality**

The State of New Mexico Privacy Act requires that clients be informed of their rights concerning records.
You have the right to refuse disclosure of any information you feel uncomfortable sharing.
You have the right to look at or obtain a copy of anything in your file upon signing a release form.
No one other than yourself can obtain access to anything in your file except those noted below in "**Exceptions to Confidentiality**."
Beyond what you authorize in writing to be communicated, no information in your file will be shared with another individual, agency, or any unit of government in a fashion to identify you.
Before giving written permission to share information, you should know what is being sent out.

**Exceptions to Confidentiality**

The State of New Mexico requires that any and all social agencies and their personnel **MUST** report **ANY INCIDENTS OR KNOWLEDGE OF SUSPECTED NEGLECT, PHYSICAL, OR SEXUAL ABUSE OF CHILDREN.**

If you are required to be in treatment by the court (i.e., court-ordered, probation, parole), you must sign a Release of Information form. The Facilitator must then send regular progress reports to the assigned probation officer or designated court contact.

The program will do whatever possible to prevent a suicide or homicide in an effort to save your life or someone else's life.

The program will also contact the police and/or the suspected victim in cases where there is reason to fear for another individual's well-being.

The Learning Center cannot protect the information in your file from being duly subpoenaed by a court of law.

Those who will have access to your file with be your Facilitator, the Executive Director of the Learning Center, and **LIFE SKILLS INTERNATIONAL.**

I accept the above statements as my CLIENT RIGHTS and RESPONSIBILITIES.

_____ _____
Client Signature Date

_____ _____
Intake Facilitator Signature Date

# LIFE SKILLS INTAKE FORM

(Please print)

Name _____ SS# ___-___-____ Date _____
Last First Middle Initial

Address _____ City _____ State ____ ZIP _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Call Priority #1: H M W Call Priority #2: H M W Leave Message #1: H M W Leave Message #2: H M W

Age ____ Birth Date _____ Place of Birth _____

Email Address _____

*I give LSI permission to place my contact information on a mailing list for the sole purpose of Communicating with me about present or future Life Skills classes and events.* □ Yes □ No

Race _____ Sex _____ Education Level _____

No. of Siblings: Brothers _____ Sisters _____ Where do you fit in the family order? _____ *(only child, 1st, 2nd, 3rd, etc.)*

Marital Status _____ If married, how long? _____ # of Children _____ Ages _____

Occupation _____ Work Phone _____

Employed by _____

Employer's Address _____ City _____ State _____ ZIP _____

Other Contact #_____ May we contact them if necessary? □ Yes □ No

Spouse's Name _____ Mobile Phone _____

Spouse's Occupation _____ Work Phone _____

Spouse's Employer _____

Have you ever been to **LIFE SKILLS** before? □ Yes □ No Where?

_____

How did you learn of **LIFE SKILLS**? _____

**Are you on probation?** □ Yes □ No When does it end? _____ Probation Officer _____

**Are you presently on any medication?** □ Yes □ No Name of medication(s) _____

Purpose for medication _____ Name of Prescribing Physician _____

**Name of Counselor, Psychiatrist, or Psychologist you are or have recently seen** _____

Purpose for therapy _____

May we contact them if necessary? □ Yes □ No Phone _____

What medical conditions do we need to be aware of? _____

Were you disciplined as a child? □ Yes □ No Who disciplined you? _____

Were you abused as a child? □ Yes □ No Did you witness abuse? □ Yes □ No

Nature of the abuse? Physical Emotional Sexual Verbal

**Who was or is presently being abused?** Partner Children Parents Self Other _____

Associated issues and problems that you are currently facing:

Legal Health Drugs Alcohol Job PMS Money Sex Other: _____

How do you feel about being alone? _____ About being in a crowd? _____

Military Experience: Branch _____

Occupational Status _____

# ASSESSMENT

Do you and your partner live together? □ Yes □ No □ N/A

If no, how often do you see each other per week? _____

Does your partner fight back during incidents? □ Yes □ No □ N/A

Is there any pattern to the fighting? □ Yes □ No □ N/A

If yes, please describe _____

**Please report your current emotional state:**

Depressed Suicidal Rage Agitated Dangerous to others Other _____

**Weapons present in your household** Guns Knives Drugs Other _____

Have you ever used a weapon during a violent episode? □ Yes □ No

If yes, please describe the situation and reason for use of weapon(s) _____

_____

**Have you had any previous homicidal or suicide attempts?** □ Yes □ No

**The date(s) of the most recent attempt** _____

If yes, please describe your thought process _____

_____

Have you hurt yourself in other ways? □ Yes □ No How? _____

What makes you angry? _____

Who makes you angry? _____

What are your feelings about the opposite sex? _____

Have you ever experienced abuse in your family? □ Yes □ No

Have you ever been a victim of violence? □ Yes □ No

If so, please check all that apply:

| | | |
|---|---|---|
| Hurtful name-calling | *once* | *ongoing* |
| Witness violence between parents | *once* | *ongoing* |
| Threats of violence | *once* | *ongoing* |
| Violence between siblings | *once* | *ongoing* |
| Fear of your date or others | once | *ongoing* |
| Shoving, pushing, kicking | *once* | *ongoing* |
| Other _____ | *once* | *ongoing* |

Have you ever been a perpetrator of violence, including date violence? □ Yes □ No

Did you or do you like to set fires? □ Yes □ No

Did you or do you torture animals? □ Yes □ No

Did you or do you steal? □ Yes □ No Why? _____

Do you worry a lot? □ Yes □ No

Do you sometimes feel down with no energy and all you want to do is sleep? □ Yes □ No

Do you smoke? □ Yes □ No Do you drink alcohol? □ Yes □ No

Have you or are you using drugs? □ Yes □ No

Do you have someone you can safely talk to about anything in life? □ Yes □ No

Who is easier to talk to about personal concerns? Mom Dad Pastor Counselor Friend

Other _____

# VIOLENCE DONE BY YOU

Describe the most violent situation where you used physical force. Who was involved and what events led up to this situation? _____

_____

_____

When did you know you were going to use physical force? _____

_____

_____

Describe what kind of physical force you used: _____

_____

_____

What were the advantages or disadvantages of using physical force in this situation? _____

_____

_____

Were you using alcohol or other drugs before or during the situation? _____

_____

# VIOLENCE TOWARD YOU

Describe the most violent situation where physical force was used against you. Who was involved and what events led up to this situation? _____

_____

_____

_____

When did you know that physical force was going to be used against you? _____

_____

_____

Describe what kind of physical force was used: _____

_____

_____

Were alcohol or other drugs used before or during the situation? _____

_____

_____

# ACCEPTABLE VIOLENCE AND AGGRESSION WORKSHEET

***Circle the answer that best describes how you feel about the following questions right now, not what you think may be the right answer.***

| | | | |
|---|---|---|---|
| Sulking or refusing to talk is: | OK | Sometimes OK | Never OK |
| Leaving the room or house to punish my partner is: | OK | Sometimes OK | Never OK |
| Threatening divorce or leaving the relationship is: | OK | Sometimes OK | Never OK |
| Screaming, insulting, or swearing at the other is: | OK | Sometimes OK | Never OK |
| Threatening to take children away from partner is: | OK | Sometimes OK | Never OK |
| Taking my partner's money or other possessions is: | OK | Sometimes OK | Never OK |
| Threatening to have an affair is: | OK | Sometimes OK | Never OK |
| Restricting someone's physical movement is: | OK | Sometimes OK | Never OK |
| Controlling who my partner can see or communicate with is: | OK | Sometimes OK | Never OK |
| Intentionally disrupting my partner's sleep is: | OK | Sometimes OK | Never OK |
| Threatening to hit or throw something at another is: | OK | Sometimes OK | Never OK |
| Threatening to destroy possessions (TV, car, phone, etc.) is: | OK | Sometimes OK | Never OK |
| Threatening or harming pets is: | OK | Sometimes OK | Never OK |
| Threatening or harming the children is: | OK | Sometimes OK | Never OK |
| Throwing something at my partner is: | OK | Sometimes OK | Never OK |
| Pushing, grabbing, slapping, or spanking my partner is: | OK | Sometimes OK | Never OK |
| Putting my face, finger, or fist in someone's face is: | OK | Sometimes OK | Never OK |
| Forcing sex on my partner is: | OK | Sometimes OK | Never OK |
| Scratching or using a closed fist on my partner is: | OK | Sometimes OK | Never OK |
| Using a weapon/object to inflict pain on my partner is: | OK | Sometimes OK | Never OK |

# DECISION MAKING IN A RELATIONSHIP

**INSTRUCTIONS:** **Read** the following list and **check the box** next to the decision issues that are most important to **you.**

**Circle** either 1, 2 or 3 to select the answer that best describes how decisions are **now** being made in your family. If not currently living with a family, choose the answer that reflects how decisions were being made in your original family.

| | Almost Always BY THE MAN | EQUAL | Almost Always BY THE WOMAN |
|---|---|---|---|
| ☐ Where to live | 1 | 2 | 3 |
| ☐ Whether or not wife works | 1 | 2 | 3 |
| ☐ What job wife will take | 1 | 2 | 3 |
| ☐ Whether or not to have children | 1 | 2 | 3 |
| ☐ What church to attend | 1 | 2 | 3 |
| ☐ How to handle finances | 1 | 2 | 3 |
| ☐ What major purchases to make | 1 | 2 | 3 |
| ☐ How to spend leisure time | 1 | 2 | 3 |
| ☐ Who to socialize with | 1 | 2 | 3 |
| ☐ When to have sex | 1 | 2 | 3 |
| ☐ How to have sex | 1 | 2 | 3 |
| ☐ How to discipline children | 1 | 2 | 3 |
| ☐ Type of family activities | 1 | 2 | 3 |
| ☐ When to visit relatives | 1 | 2 | 3 |
| ☐ What job the husband will take | 1 | 2 | 3 |

# SEX ATTITUDE SURVEY

**INSTRUCTIONS:** Please read each of the following statements.
Write "T" for True if you mostly agree with the statement.
Write "F" for False if you mostly disagree with the statement.

_____ Sex is a failure if it does not result in a climax or orgasm

_____ Sex equals intercourse

_____ Any form of sexual interaction should include all of the following:

touch
arousal
erection
lubrication
penetration
orgasm

_____ Sexual dissatisfaction and the inability to perform sexually are rare, and they only occur in unhealthy relationships

_____ Masturbation is an adequate and mutually beneficial form of sexual behavior

_____ The major factors in determining a woman's sexual response are the size of her partner's penis and how long he can last

_____ When an individual is in love and sexually satisfied, he or she is never sexually attracted to anyone else

_____ When couples are in love, there is no need to talk about sex because they automatically know how to please one another sexually

_____ All affectionate physical contact must lead to intercourse

_____ Pornography is a healthy part of a relationship

_____ Sex is something that men do TO women

_____ Sex is something that men do FOR women

_____ Men are always ready and willing to have sex

_____ When a man wants to have sex, a woman should always be willing to have sex with him

_____ Men should initiate sexual activity

_____ Men should not express feelings of tenderness and affection

_____ Women should be more passive and less active in sexual activity

_____ You should go along with your partner and have sex even if you are not interested at the moment

# SELF-DESCRIPTION

The following are terms that participants in the past have used to describe THEMSELVES.
Please CIRCLE the 5-10 items that BEST describe YOU.

| | | |
|---|---|---|
| Blame others | Demanding | Impulsive |
| Passive | Easily lose temper | Isolated |
| Won't apologize | Few outside interests | Always tense/tight |
| Angry | Can't leave work at work | Depressed |
| Can't make decisions | Possessive | Dedicated to family |
| Perfectionist | Too involved with children | Attempt to control |
| Holds things inside | Put others down | Resentful |
| Self-centered | Worn out | Inflexible |
| Can't sleep | Overreacts to annoyances | Drink too much |
| Macho | Accept too much blame | Can't express emotions |
| Pick and complain | Opinionated | Lacks confidence |
| Have trouble expressing ideas | Cling to family | Feel confused and "crazy" |
| Competitive | Critical of others | Won't praise or compliment |

# AGREEMENT OF UNDERSTANDING

***Please read the following and sign below.***

## PARTICIPATION IN THE PROGRAM AGREEMENT

The **FAMILY LIFE SKILLS LEARNING CENTER** and I are in a relationship, which has as its primary purpose the delivery of information and materials. This information and the associated materials are designed to help me and my spouse/partner deal with relationship issues that may or may not include domestic violence.

The **LEARNING CENTER** will be presenting information and materials to me that have been found helpful in similar situations. In the course of our discussions, I may find myself sharing information about my own situation, background, or other areas of my life that could conceivably cause me some emotional pain or discomfort. If the **LEARNING CENTER** is unable to help me work through this, I agree to accept a referral to an agency of my choice or one that the **LEARNING CENTER** will designate in order for me to work further on my personal issues.

I understand that if I and my partner want to do counseling with Life Skills Counselors, they will not be doing couples counseling, but each person will be counseling separate to work on their individual issues.

**I understand that the "Learning to Live" classes are gender separate.**

**The purpose of my group sessions with the LEARNING CENTER is not to provide me with individual psychotherapy. I understand that the LEARNING CENTER is serving me in the realm of a teacher and not a psychotherapist.**

_____ _____

**Date** **Client Signature**

# USE OF THE PROGRAM MATERIALS AGREEMENT

I pledge to use the materials that I receive at the LEARNING CENTER to help only myself.

**I acknowledge that I am enrolled in the LIFE SKILLS INTERNATIONAL *"Learning to Live, Learning to Love"* class to do my own personal work.** The LIFE SKILLS materials (workbook, handouts, proprietary research including "Mother/Son, Father/Daughter, Arrested Development" related topics and subject matter) are copyrighted material and may not be used outside of the classroom. I agree not to use these materials and information for lay-counseling, pastoral service, in my professional/personal practice as a professional counselor, or outside the realm of an official affiliate of **LIFE SKILLS INTERNATIONAL.** Any unauthorized use of these materials will result in a fine of $5,000 for each instance of copyright infringement.

**I will not attempt to use the information or the materials to counsel, teach, or instruct others. Taking this course does not qualify me to be a Facilitator of the LIFE SKILLS Program in any capacity.**

**I understand that I am receiving only a portion of the entire program. Should I break this agreement and use it to counsel others without being a trained LIFE SKILLS facilitator, I could cause emotional damage to others. I am not equipped to counsel any individual who may have memory of a traumatic event in the process of sharing information. I also understand that I will be held personally responsible for all damages, lawsuits, court, and lawyer fees should I choose to break this agreement.**

*Client's Initials*: _____

**I understand that my class materials are to remain at the LEARNING CENTER until I have completed the entire Phase I program, have followed the rules set forth in my Client Participation Agreement, and have paid my class fees in full.**

**If I am terminated from the LEARNING CENTER for any reason, or if I choose to drop out of the group, my class materials shall remain at the LEARNING CENTER and I will not receive any refund for materials or classes.**

_____
Date

_____
Client Signature

_____
Facilitator Signature

# PROGRAM GOALS

To identify the source of my behaviors and attitudes.

To accept that I am personally responsible and accountable for all of my behavior.

To begin developing specific character traits that will enable me to break destructive habits and behavior that includes violence and the threat of violence.

To learn how to improve my skills in:

Conflict resolution
Anger management
Love and bonding
Managing stress

To actively use my group for support and sharing.

Other goals (please share in a few words what you would like to accomplish through this program):

_____

_____

_____

_____

**NOTE: The main component of the LEARNING CENTER program is the RECOVERY PLAN, a _____-week educational program. In the course of going through the program, it is possible that you may get in touch with pain, which requires some additional support to process.**

With a counselor or facilitator's help, some of the following resources **COULD** be implemented to assist in your recovery process:

Private sessions with your Facilitator, if needed
Referral to a Psychologist
Hospitalization
Separation
Victim to a shelter
Perpetrator to a safe place
Involvement of law-enforcement
Order of Protection
Other

I have read the PROGRAM GOALS and have added MY goals (paragraph 6). I agree to the RECOVERY PLAN, if applicable, and I understand that I can renegotiate my GOALS and RECOVERY PLAN with my facilitator, counselor, and/or the **LEARNING CENTER'S** Executive Director.

_____ _____
Date Client Signature

_____ _____
Date Facilitator Signature

# CLIENT PARTICIPATION AGREEMENT

## FAMILY LIFE SKILLS AGREES:

**To respect your dignity and confidentiality** as defined in Client Rights.
**To be honest with you** in all aspects of your involvement with the ***"Learning to Live, Learning to Love"*** program.
**To provide you with group support and individual attention** when necessary as goals are met.
**To provide you with referrals and recommendations** in response to additional needs that the program is unable to help you meet.

## WHAT THE PROGRAM EXPECTS FROM YOU

*Please read this agreement in its entirety, fill in appropriate blanks with the Intake Facilitator, and sign below.*

## I AGREE:

To work on the goals we have agreed upon.
**To be non-violent while participating in the program.** This includes being non-violent to all family members.
To be honest and direct about myself while completing this Intake and during class.
**To attend all group meetings in Phase I with no more than two excused absences.**
To regularly participate in the group, including sharing experiences, insights, feelings, and completing group activities and homework assignments.
To follow through on any evaluation or treatment when referred by my facilitator or counselor, i.e., chemical abuse, psychological evaluation, etc.
**To pay my fee as agreed by myself and my Intake Facilitator.**
**To adjust my fee with the office should I experience financial difficulty OR if my income increase during this set of classes. Failure to do so will result in an extra $20 fine added to the corrected class fees.**
***I will not be under the influence of alcohol or drugs the day of my group session.**
***I will not make threats or be violent toward any of the staff at the LEARNING CENTER.**
***In the event I am violent toward another person, I will report my incident to my Facilitator BEFORE my next group session or during check-in time.**
***I will not engage in criminal behavior.**
Other:

_____

_____

**VIOLATION OF THE ABOVE ITEMS MARKED BY AN ASTERISK(*) SHALL BE BASIS FOR IMMEDIATE TERMINATION FROM THE *"LEARNING TO LIVE, LEARNING TO LOVE"* PROGRAM.**

**VIOLATION OF ANY OTHER PART OF THIS AGREEMENT MAY ALSO CONSTITUTE DISMISSAL FROM THIS PROGRAM AND IS AT THE DISCRETION OF THE FACILITATOR AND/OR EXECUTIVE DIRECTOR OF THE PROGRAM.**

_____ _____
Date Client Signature

_____ _____
Date Witness/Facilitator Signature

# Statement of Understanding
# REINFORCEMENT OF CONFIDENTIALITY

All classroom discussions are confidential. Do not discuss what is said in class with anyone outside of the classroom.

Students need the classroom to be a safe place to share and to be given the ability to trust and feel cared about.

When meeting someone from Life Skills, do not talk about or present yourself as knowing that they are in, or have been, in the Life Skills classes. Outside of the class setting, don't ask a class member how the classes are going.

We realize that there may be dual relationships in the classes such as family, friends, co-workers, church members, etc. It is in everyone's best interest to be respectful and not discuss anything shared or learned in Class outside of your Life Skills class setting.

Conversations held in class are never discussed with anyone outside the group setting.

Members need to be able to trust and care about each other.

People come to Life Skills for different reasons and different needs, so please be respectful.

**Violation of any part of this agreement may constitute immediate dismissal from the "*Learning to Live, Learning to Love*" Program at the discretion of the Facilitator and the Executive Director of the Program.**

_____ _____

Client's Signature Date

# CLIENT'S SAFETY AND PROTECTION

In order to provide you with a safe environment, please complete the following:

Have you ever obtained an Order of Protection? □ Yes □ No

Have you ever obtained a No Contact Order? □ Yes □ No

If yes, was it against someone for your safety? □ Yes □ No

Is that order currently in effect? □ Yes □ No

Who did you obtain the order against?

Name: _____
Address: _____
Phone #: _____

Has an Order of Protection, No Violent Contact, or No Contact Order ever been issued against you? □ Yes □ No

Is that order currently in effect? □ Yes □ No

Who obtained the order against you?

Name: _____
Address: _____
Phone #: _____

As part of your probation or conditional discharge, is there a No Contact Order placed on you? □ Yes □ No

Name: _____
Address: _____
Phone #: _____

Is there a person you desire to avoid or have no contact with for personal reasons? □ Yes □ No

Name: _____
Address: _____
Phone #: _____

_____ _____
Date Client Signature

_____ _____
Date Intake Facilitator Signature

# CLIENT FEE STRUCTURE

**ENROLLMENT FEE:** There is a one-time non-refundable Intake and Materials Fee of $_____.

**CLASS FEE:** Your Class Fee is figured using a sliding scale and is based on your verified personal annual income (the minimum Class Fee is $35.00). This includes income from all sources (wages, bonuses, commissions, child support, alimony, Government aid (food stamps, housing assistance, etc.).

***Please Note:*** *If no proof of income is presented, the maximum fee ($95) will be charged per session until proof is presented.*

**What is YOUR annual income from ALL sources? $_____**

Your class fee is $_____ per session. x # of classes____ = Total fee: $_____

**ADDITIONAL FEES:** **Make-Up Fee**: Your Make-Up Fee will be double your regular class fee.

**Your makeup fee will be $ _____ for a maximum time of 90 minutes.**
This time must be made up before the next class time.

***Please Note***: *After two missed sessions you will be dismissed from the program and will be responsible to pay the entire class balance within 30 days.*

**Private Session with Facilitator**: If you need to meet with the Facilitator outside of class time, you will be charged $_____ for a 50-minute session.

**Private Session with Licensed Counselor**: Call _____

**PAYMENT METHODS:** Fees are payable by Check or Cash (or Credit Card where offered)

**RETURNED CHECKS:** There will be a $35.00 bank charge on any returned check. After one NSF check you must be prepared to pay cash for each future class.

All Intake Fees, Material Fees, Class Fees, Make-Up Fees, and Private Session Fees are to be paid at the time service is provided unless prior arrangements have been made.
Class Fees may be paid in advance. An additional processing fee of _____ will be charged on Credit Card payments.
No Certificates of Completion or release of your materials will be issued until your account is paid in full.

**ACKNOWLEDGEMENT:**

I declare that I have read the above information and enter into this financial agreement voluntarily and without duress.
I agree to abide by the payment plan as outlined above. If I am unable to pay as agreed upon, I will make other arrangements with the office and enter into a revised payment plan.
I understand that I am enrolling for an entire _____-week course and that if I drop out or am expelled from my class, I will still be responsible for paying the balance of my account, and that no refunds will be given for classes or materials.
I understand that if the classes go over the allotted time as noted above, there will be a class vote to continue the class and I will be responsible for any additional weekly class fees until the end of the class.
I understand that if I do not comply with these terms, my account will be turned over to a collection agency and may be registered with the local Credit Bureau.
I understand that until my account is paid in full, my workbook cannot be removed from the Learning Center and I will not receive my Certificate of Completion for finishing the class.

**Client Signature** - ***Do not sign unless all blanks are filled out*** _____

**Social Security No.** _____ _____ _____ **Date of this transaction** _____

**Intake Facilitator Signature** _____ **Give a Copy to Client**

# CONTROL

## Phase I Objectives

*This page is to be given to the Client upon completion of the Intake Packet along with copies of all other applicable pages.*

***Change any unhealthy attitudes and accept responsibility for your behavior. A primary goal of the "Learning to Live, Learning to Love" program is to eliminate all abuse in the home. This includes all types of abuse.***

Learn what violence and abuse are and commit to learning new tools that will eliminate all abusive practices.
Recognize and face up to all aspects of your behavior.
Take responsibility for your behavior as opposed to blaming the incident on your relationship with your partner.
Learn how violence and other abusive behaviors are influenced by my childhood and my current environment.
Learn and understand the cycle of violence, and how it applies to your relationships.
Learn and understand how you are influenced by culture and religion, and how they may encourage and reinforce acceptance of violent and abusive behavior.

MEN, learn about and challenge your own rigid views of your masculinity, including:
Being a victim and victimizing others
how you view women

WOMEN, learn about and challenge your own rigid views of your womanhood:
Being a victim and victimizing others
how you view men
Examine your chemical use and how it relates to violent and abusive behavior.
Bring up HONESTLY to the group all violent and abusive episodes while enrolled in the program.
Be willing to hear and accept feedback from your Facilitator and support group.
Be willing to explore alternatives and implement the new LIFE SKILLS in daily situations.

***Learn and use new skills to stop violence, abuse, and the threat of violence. Although anger and conflict are normal elements of family life, violence and abuse have no place in the family, and is never justified.***

Understand that abusiveness is a learned behavior.
Abusive behavior is a relationship issue, but it is ultimately the responsibility of the perpetrator to control the abuse and the physical violence.
Learn that abusiveness is a desperate but unacceptable attempt to affect a change in relationships.
Learn that abusiveness tends to escalate in severity and frequency if not confronted.
Understand that the use of anger is often a cover-up for unidentified feelings.
Learn to separate anger from hostility and abuse.
Develop new methods of expressing anger that can replace old ways of using rage and violence for control.
Understand that you only do what you have learned, and it takes learning and using new LIFE SKILLS to change. You cannot do what you have not learned. You will not change what you do not regret and grieve.
Learn to identify and express, both honestly and directly, other important feelings such as fear, hurt, sadness, frustration, helplessness, the need to escape, self-doubt, and hopelessness.
Learn to identify and evaluate different levels of stress and anger.
Become aware of bodily and sensory cues that lead up to violence and abuse, and learn how to control your responses.
Learn self-talk and how self-statements either contribute to tension and aggression or they deescalate the tension and aggression.
Learn to be assertive rather than using aggressive behavior.
Learn to use methods for relaxing and coping with tension that will help reduce your levels of stress.

***Use support systems:***
Break down isolation by actively using groups for support and feedback.
Broaden your support system to people other than your partner.

***Self-worth:***

Examine the effects that using violence has had on your self-esteem.
Identify sexuality issues as they affect your self-esteem and relate to your violence.
Show clearly in the group your willingness to change and grow by using the new skills you learn at the Learning Center.

**Give this to the Client at the end of the Intake session.**

# BOUNDARIES (Fill in and give copy to Client)

Class begins promptly at _____. You may arrive between _____ and _____. If you are not going to be in your classroom by the class start time, you must call _____ at least 10 minutes before class starts or you will be considered absent.

**Be on time**. Doors will be locked and you will be required to leave, even if you are only ten minutes late. You will need to call to reschedule and pay for a make-up session prior to the next class. **There are no exceptions.**

You will receive many handouts and homework pages, and you will be required to take many notes. Please be prepared for class with a small three-ring binder, a notebook, a pen, and a highlighter. **No pencils are allowed.**

Anyone accompanying you to your Intake or any session will not be allowed in the classroom, and a waiting area may not be available at the class location.

Please do not bring children to your Classes, as you will not be able to bring them into the session with you.

Unless prepaid, class fees must be paid at the beginning of each class. Please sign in and pay your fee upon arrival, as directed.

Each class has a limited enrollment. When we reserve a place for you in class, your financial contribution is figured into the cost of operating the class. Therefore, if you drop out you will still be responsible for paying the balance of the entire course within 30 days.

All fees must be kept current. If you are two weeks behind, you will not be allowed to attend the next class. Any student delinquent in payments will be asked to withdraw from the group after the second delinquent payment. If you can make-up your back fees and are allowed to return to class, all make-up rules apply. Your class workbook will remain at the Learning Center until your class is made up and fees are paid in full.

Call your Facilitator @_____as soon as possible if you have an emergency and need to miss a class.

If you miss a session, you need to make up the class prior to the next class as the class sessions are consecutive.

YOU are responsible for calling your Facilitator to schedule your make-up session before your next scheduled class time. Please be aware that your fee for a Make-Up session will be double your regular class fee.

No more than two classes may be missed. At notice of third class missed, you will be asked to withdraw from the class. If your fees are paid up, you will be able to enroll in the next set of classes.

Check-in time is limited to 10-20 minutes. Please be considerate of others' time and their need to share.

No eating or drinking is allowed during class. Scheduled breaks will be held during class.

Please: No pencils, computers, or recording devices; pens and highlighters only.

You are here to work on YOU, not to be trained to become a facilitator for family, friends, or church group.

All cell phones and pagers will be collected before each class. (Exceptions are only granted by Facilitator when warranted). They will be made available during breaks. Use of forbidden devices will result in dismissal.

No weapons or illegal substances may be brought into the Facility where classes are held.

No drugs, or alcohol may be used the day of class. If you are suspected of violating this policy you will be asked to leave immediately. Make up sessions must be completed and paid for prior to rejoining class.

Students must remain in authorized areas, such as bathrooms, your classroom, and other specifically designated areas.

Initial: _____

## BOUNDARIES (Continued)

This is an educational program and sessions are conducted like a school. Your facilitator will maintain a facilitator/student relationship, not a friend/friend relationship during classes.

Please stick to the curriculum and the current topics in class. Try not to get off on tangents about other people, kids, partners, or ex-spouses. Instead, in this class focus on YOUR self, YOUR tools, and YOUR successes or failures in using YOUR new tools. State what YOU said, what YOU did, how YOU reacted, and how YOU see things. Staying on track will allow for more material to be presented and learned.

Write in your workbook and keep up with your homework. You will only get out of each class what you put into each class.

Please do not bring in information from other programs, books, sermons, etc., to add to the class. LIFE SKILLS has been in existence since 1985 and has carefully chosen the information for the program to fit within the allotted time. Although, in another setting, additional information may be valuable, we must not allow it to be brought up during class so we can keep on schedule and complete the program on time.

Class handouts are carefully chosen. You will not receive every page you find interesting or helpful, but only those that are designated as course handouts.

We require that you write often in class, even the pages you feel will take too long to complete. If you require additional time to complete written work in class, request it from your Facilitator. Completing your class assignments will help you to remember by hearing, seeing, and doing, Do the work…see the change!

When completing your discovery pages, please write only what applies to you and not all of the information given. This will help quickly identify issues that pertain to you. When you write all the information down whether it applies or not, you are only gathering information. We are not here to gather, but to work and become healthy.

**WARNING:** Do not teach what you learn to others. Just live it. Let your actions speak for you.

Initial: _____

**IF BOUNDARIES ARE BROKEN, YOU WILL BE DISMISSED FROM CLASS AFTER ONE VERBAL WARNING. THERE ARE NO EXCEPTIONS.**

# PAYMENT ARRANGEMENTS FORM

**TO BE COMPLETED ONLY BY THE INTAKE FACILITATOR. APPROVAL FOR PAYMENT ARRANGEMENTS SHALL BE AT THE DISCRETION OF THE INTAKE FACILITATOR AND THE EXECUTIVE DIRECTOR.**

**Intake Facilitator:** Please list reason(s) for approving payment arrangements for this client.

**CLIENT NAME:** _____

**REASON:** _____

_____

_____

**PAYMENT ARRANGEMENTS:**

I, _____, along with the Director's approval, have made the
Print - Intake Facilitator

following payment arrangement for _____
Client Name

The above-named client shall pay the agreed-upon payment in the amount of $_____ each

WEEK / MONTH allowing an extra _____ months beyond the Phase I sessions.

The above-named client shall have their Class Fee paid in full by _____ and
Date
at that time may obtain their class materials. Failure to abide by this payment agreement may be consideration for submitting the outstanding balance from the above date to a collection agency of the **LEARNING CENTER'S** choice, and withholding the client's class materials.

*Initials of Client* _____

I, _____, hereby agree to this payment agreement made
Print - Client Name

between myself and **LIFE SKILLS**. I also agree to inform my Intake Facilitator or the **LIFE SKILLS CENTER** Director should I have any difficulty abiding by the terms of this agreement, and of any change in my address and/or phone number while this payment plan is in effect.

_____ _____
Date Client Signature

_____ _____
Date Intake Facilitator Signature

_____ _____
Date Director Signature

# COURT-ORDER PROCEDURES

Everyone at the **LEARNING CENTER** will be directly or indirectly involved with a court-ordered client. All requirements must be completed to comply with the court system.

The following Intake procedures are necessary for court-ordered clients:

The court-ordered client will complete the Court Order sheet from the **LEARNING CENTER** during the Intake Session.
The court-ordered client must present his/her original letter from the court system.
Two copies of the Court Order Letter must be made and distributed as follows:

Original to client
Copy 1 for client file
Copy 2 to send to court system/probation officer

Two copies of the Court Order Sheet with date of compliance must also be made and distributed as follows:

Original to client file
Copy 1 to court system
Copy 2 to client

Mail to the Court System the following:

Class letter stating the court-ordered client's class start date
Copy of the Court Order Letter (see #3 above)
Court Order Sheet (see #4 above)

Use the code "C.O." for "court-ordered" in the Class Tracking Book beside the court-ordered client's name.
Keep a list of the report requirements for all court-ordered clients.
Inform the facilitators of the report requirements for the court-ordered clients in his/her class.

It will be necessary for the facilitator to keep an accurate record of each court-ordered client's attendance, and to observe their reactions and cooperation in class. Facilitators may be asked to give a report. Depending upon the court system, probation officer, or lawyer, the report may be required as often as weekly or perhaps only once per month. The report may need to include the following:

Behavior of client regarding visitation rights. Is the client's behavior acceptable for the judge to allow visitation rights with the children either alone or under supervision?
Has there been any significant change in behavior patterns? Are there any extremes in the behavior patterns that could be considered dangerous to the client or someone else?
Are there any signs of suicide?

The facilitator will need to complete the report and then return it to the Administrative Coordinator to prepare for the court system. The report must be approved by the Executive Director before mailing. This report is very important to the court-ordered client, as the courts will assume the client is not complying if they do not receive this report.

All court-ordered clients must meet the recommended class procedures in order to comply with the court system.
The Executive Director will report any court-ordered client to the court system who does not attend class regularly, fails to make-up missed sessions, or is failing to meet their financial obligation.

# LIFE SKILLS LEARNING CENTER

## Notification of Enrollment of Court-Ordered Clients

This document confirms that _____, the Defendant, has complied with Court Order # _____ to attend and complete the Intake Session as provided by the **LIFE SKILLS LEARNING CENTER**. Defendant agrees to continue the _____-week Phase I group sessions provided by the **LIFE SKILLS LEARNING CENTER**.

Client's Name

Defendant will be responsible to pay his/her fee of $_____ to be paid each time he/she attends a session. Defendant will also be responsible to pay a $_____ materials fee due before or during the first session. If Defendant should need a private session, the fee is $_____ per hourly session to be paid before the session begins.

**Date of Intake:** _____

**Due Date of Compliance:** _____

**Dates of Sessions:** Beginning on _____ to _____

**Days of Sessions are:** _____ and _____

**Times of Sessions are:** _____ to _____ AM or PM

I have finished my Intake and have been informed of the program, times, dates, and my financial responsibility. If I have any questions, I can call the **LEARNING CENTER** for further information.

_____ _____

Date Client Signature

_____ _____

Date Intake Facilitator Signature

# LIFE SKILLS LEARNING CENTER

## Report for Court-Ordered Clients

Name of Client: _____

Date of Compliance: _____ Case Number: _____

Classes: From _____ To _____ Probation Officer: _____
Beginning Date Ending Date

Dates of Class Sessions for this reporting period:

_____

_____

Dates of attendance missed:

_____

Client's outstanding balance on fees (if any): $_____

**REPORT:**

_____

_____

_____

_____

_____

_____

_____ _____
Date Facilitator's Signature

_____ _____
Date Director's Signature

If carbonless forms are used:

*White-File* *Yellow-Probation Officer* *Pink-State's Attorney (if required)*

**Family Life Skills Learning Center**

# ADVANCED PHASE REGISTRATION FORM

Name: Last _____ First _____ Middle Initial____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: Home _____ Cell _____

Email Address: _____

Birthday: _____

Marital Status: _____ Occupation: _____

Employed By: _____ Work Phone: _____

Partner's Name: _____ Partner's Occupation:_____

Employed By: _____ Work Phone: _____

Are you presently on any prescription medication: □ Yes □ No

If so, name of medications and purpose for taking: _____

Is there a new proof of income attached? □ Yes □ No

Are there any income changes from Phase 1? □ Yes □ No

Class fee for this phase: $ _____ per session. Make-up session $ _____ per session

As with Phase 1, I am obligating myself to regularly attend the sessions each week. I will continue to be a part of the Life Skills educational classes. I agree to pay my fee at the beginning of each session. If I do not comply by the rules, I can be dismissed from further classes with no refunds given.

Today I am paying a non-refundable materials fee of $____ for this class. □ Yes □ No

Client's Signature_____ Date _____

The classes I will be attending are part of the Phase _____ curriculum. My class will meet each week on _____ during the hours of _____ and _____ am / pm

# AUTHORIZATION FOR RELEASE OF INFORMATION

**FROM:** FAMILY LIFE SKILLS TO ANOTHER AGENCY

**CLIENT:** _____

**S.S.N.:** _____

**D.O.B.:** _____

It is hereby recognized, understood, and agreed that the undersigned authorizes and directs **FAMILY LIFE SKILLS** to provide pertinent records to be released to the following agency

_____ regarding the above-referenced individual.

Agency Name

The representative or authorized agents of **FAMILY LIFE SKILLS** are further authorized and directed to exchange or furnish any oral or written reports to any authorized agents or employees represented by the undersigned, their attorneys, or delegates as requested by them on any of the foregoing matters.

- A photocopy of this Authorization shall be acceptable and may serve in its stead.
- This Authorization is valid for one year from date of signature.

_____ _____

Date Client Signature

Client Phone: _____

Alternate Phone: _____

_____ _____

Date Parent/Guardian Signature

Relationship: _____

_____ _____

Date Witness/Facilitator Signature

**NOTE:** Clients under the age of 18 must sign this form for information to be given to their parent or guardian.

# LIFE SKILLS LEARNING CENTER
## Authorization for Exchange of Confidential Information

**Client Name:** _____

**SS#**_____ **Date of Birth:** ____/____/____

**(Client) By signing below I am consenting to the exchange of information between Life Skills and the following:**

**Name** _____ **Title** _____

**Address** _____

**City** _____ **State** _____ **Zip** _____

**Telephone** _____ **Email Address:**_____

***Disclosure of information shall be limited to:***

□ **Intake copies** □ **Feedback copies**

□ **Other** _____

***Disclosing this information is for the following purposes:***

□ **I want copies of what I signed in my possession**

□ **Other** _____

**I understand that I will not hold Life Skills responsible if these copies get into the wrong hands. It is my sole responsibility and desire to have these documents in my possession.**

**This authorization shall remain valid until** _____ **(up to one year from date of signature).**

**I understand that I have a right to receive a copy of this authorization. I understand that I may revoke or modify this consent at any time by providing written notice.**

**Client Signature** _____ **Date** _____

**Parent/Guardian Signature** _____ **Date** _____

**Center Director Signature** _____ **Date** _____

# LIFE SKILLS LEARNING CENTER

## Records Release Authorization

FROM: ANOTHER AGENCY TO LIFE SKILLS

TO: _____
Doctor, Hospital, Therapist

_____
Address

I hereby authorize and request that you release my complete history records that are in your possession concerning my illness and/or treatment during the period from (Date) _____ to (Date) _____ . .

Submit the requested records to the following:

Name: _____

Address: _____

Telephone: _____

_____ _____
Date Client Signature (if relative, state relationship)

_____
Printed Name of Client

Client Address: _____

_____

Client Phone: _____

_____ _____
Date Witness Signature

# LIFE SKILLS LEARNING CENTER

## Insurance Information of Client

*(Client may submit treatment to insurance company)*

**Life Skills cannot guarantee that the treatment will be covered by insurance.**

CLIENT NAME

INSURANCE COMPANY

INSURANCE COMPANY ADDRESS

CITY STATE ZIP

INSURANCE COMPANY TELEPHONE

POLICY NUMBER GROUP NUMBER

NAME OF INSURED INSURED'S SOCIAL SECURITY NUMBER

CLIENT'S RELATIONSHIP TO INSURED

OTHER HEALTH INSURANCE COMPANY

INSURANCE COMPANY ADDRESS

CITY STATE ZIP

INSURANCE COMPANY TELEPHONE

POLICY NUMBER GROUP NUMBER

NAME OF INSURED INSURED'S SOCIAL SECURITY NUMBER

DEDUCTIBLE AMOUNT HAVE YOU MET YOUR DEDUCTIBLE?

WHO IS YOUR AGENT? AGENT TELEPHONE