



Life Skills Learning Center

CLIENT RIGHTS

1. The right to be treated with dignity and respect;
2. The right to receive prompt evaluation, care and treatment.
3. The right to treatment that meets personal needs and preferences, in the least restrictive setting;
4. The right to be informed of one's own condition, of proposed or current services, treatment or therapies;
5. The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. **(If treatment is refused, this will be reported to the criminal justice referring agency);**
6. The right to active and informed participation in the establishment, periodic review, and re-assessment of the treatment plan;
7. The right to freedom from unnecessary restraint or seclusion;
8. The right to be advised of and refuse observation by techniques such as a one-way vision mirrors, tape recorders, televisions, movies, or photographs;
9. The right to receive an explanation of the reasons for denial of service;
10. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, or developmental disability;
11. The right to know the names and qualifications of our staff members;
12. The right to be free from abuse or neglect. Our Code of Conduct and Ethics prohibits physical abuse, sexual abuse, financial abuse, harassment and physical punishment. This Code also prohibits psychological abuse, including humiliating, threatening and exploiting actions;
13. The right to file a grievance which includes oral and written instructions.

WAIVER OF CONFIDENTIALITY/RELEASE OF INFORMATION

I, _____ understand that I am waving my right to confidentiality in regards to my compliance with DVOTI and information about risk, threats, and/or possible escalation of violence. This extends to my survivor of record and/or a Domestic Violence Survivor Services program. This information may be written or verbal.

Client Signature or Guardian

Date

LSLC Staff

Date

APPOINTMENT REMINDER

LSLC may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. LSLC will try to minimize the amount of information contained in the reminder. LSLC may also contact you by phone and, if you are not available, LSLC will leave a message for you.

TREATMENT ALTERNATIVES/BENEFITS

LSLC may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

YOUR RIGHTS

You have the right to:

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to LSLC's Privacy Officer. Marketing revocations may be submitted to LSLC via telephone or email.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, LSLC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to LSLC's Privacy Officer. In your written request, you must inform LSLC of what information you want to limit, whether you want to limit LSLC's use or disclosure, or both, and to whom you want the limits to apply. If LSLC agrees to your request, LSLC will comply with your request unless the information is needed in order to provide you with emergency treatment.

- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by LSLC.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to LSLC's Privacy Officer. LSLC will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to LSLC's Privacy Officer. In certain situations that are defined by law, LSLC may deny your request, but you will have the right to have the denial reviewed. LSLC may charge you a fee (to cover costs incurred by LSLC to reproduce records) for the cost of copying, mailing or other supplies associated with your request.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to LSLC's Privacy Officer. You must provide a reason that supports your request. LSLC may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by LSLC (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by LSLC, if the

information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with denial by LSLC, you have the right to submit a written statement of disagreement.

- Receive an accounting of non-routine disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to LSLC's Privacy Officer. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a 12-month period will be free, but LSLC may charge you for the cost of providing additional lists in that same 12-month period. LSLC will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

- Receive a paper copy of the Notice of Privacy Practices from LSLC upon request.
- To file a complaint with LSLC, please contact LSLC's Privacy Officer. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.

- To obtain more information, or have your questions about your rights answered, please contact LSLC's Privacy Officer.

PRACTICE'S REQUIREMENTS

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices upon request.
- Is required to abide by the terms of this Notice of Privacy Practices.
- Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for your entire PHI that it maintains.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an Acknowledgment of receipt of this Notice.
- Will post this Notice of Privacy Practices in its lobby and on LSLC's web site, if LSLC maintains a Web site.
- Will inform you if there is a case of a breach of unsecured health information.



Privacy Notice to Patients

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR HEALTH CARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

Policy Statement

This is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from LSLC and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of Life Skills Learning Center, and for other purposes permitted or required by law. This notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

Life Skills Learning Center hereinafter referred to as LSLC, may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of LSLC. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- **Care**—In order to provide care to you, LSLC will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by LSLC.
- **Payment**—In order to get paid for some or all of the health care provided by LSLC, LSLC may provide your PHI directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, LSLC may need to provide your health insurance carrier with information about health care services you received from LSLC so LSLC may be properly reimbursed.
- **Health Care Operations**—In order for LSLC to operate in accordance with applicable law and insurance requirements and in order for LSLC to provide quality and efficient care, it may be necessary for LSLC to compile, use and/or disclose your PHI in order to evaluate the performance of LSLC's personnel in providing care to you. **Note:** Genetic information is protected by law and is not considered part of Health Care Operations.
- **Fundraising**—To the extent that LSLC engages in fundraising activities (i.e. appeals for money, help, or event sponsorships), certain types of PHI may be disclosed for these purposes, unless

you specifically 'opt out' of receiving notification. To 'opt out,' call or email LSLC to be excluded from fundraising campaigns.

AUTHORIZATION NOT REQUIRED

LSLC may use and/or disclose your PHI without a written Authorization from you, in the following instances:

1. **De-identified Information** -- Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. **Business Associate** -- To a business associate, who is someone LSLC contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service), LSLC will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.
3. **Personal Representative** -- To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Public Health Activities** -- Such activities include, for example, information collected by a public health authority, as authorized by law to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
5. **Federal Drug Administration** -- If required by the Food and Drug Administration to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
6. **Abuse, Neglect or Domestic Violence** -- To a government authority, if LSLC is required by law to make such disclosure. It will do so if it believes the disclosure is necessary to prevent serious harm or if LSLC believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law which may also involve notice to you of the disclosure.
7. **Health Oversight Activities** -- Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
8. **Family and Friends** -- Unless expressly prohibited by you, LSLC may disclose PHI to a member of your family, a relative, a close friend or any other person you identify, as it directly relates to

that person's involvement in your health care. If you do not express an objection or are unable to object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment.

9. **Judicial and Administrative Processing** -- For example, LSLC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

10. **Law Enforcement Purposes** -- In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena or as required by law); (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of LSLC; and (6) a medical emergency (not on LSLC's premises) has occurred, and it appears that a crime has occurred.

11. **Coroner or Medical Examiner** -- LSLC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

12. **Organ, Eye or Tissue Donation** -- If you are an organ donor, LSLC may disclose your PHI to the entity to whom you have agreed to donate your organs.

13. **Research** -- If LSLC is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of you PHI such as approval of the research by an Institutional review board, the de-identification of your PHI before it is used, and the requirement that protocols must be followed. Individuals have the option to 'opt out' of certain types of research activities.

14. **Avert a Threat to Health or Safety** -- LSLC may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

15. **Specialized Government Functions** -- When the appropriate conditions apply, LSLC may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. LSLC may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

16. **Inmates** -- LSLC may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

17. **Workers' Compensation** -- If you are involved in a Workers' Compensation claim, LSLC may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

18. **Disaster Relief Efforts** -- LSLC may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

19. **Marketing** -- Face to face communication directly with the patient, prescriptions that have already been prescribed, or promotional gifts of nominal value do not require authorization as long as LSLC receives no financial remuneration for making the communication. All other situations require separate authorization

20. **Required by Law** -- If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization. These authorizations may be revoked at any time; however, we cannot take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written Authorization:

- **Marketing** -- This does not include marketing communications described in item #19. LSLC will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration is received.
- **Sales** -- LSLC may receive payment for sharing your information in specific situations (i.e., public health purposes or specific research projects -- see #12 above).

- **Socially protected information** -- Certain types of information such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment or healthcare operations.



**ACKNOWLEDGEMENT
OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, _____, have received a copy of MATT 25's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information with some exceptions:

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.

Personnel is bound by Section 1.17 DUTY TO WARN/REPORT policy (*LSLC MENTAL HEALTH POLICIES AND PROCEDURES*) which states:

3. Clients who present a risk of violence or harm to others:
 - 3.1 Employees/students/interns/volunteers have a duty to warn the intended potential victims of threatened violence.
 - 3.2 Employees should immediately report the threat to a Clinical Supervisor, Program Manager and/or Executive Director.
 - 3.3 The threat should be reported to the police when the intended victim cannot be reached or in situations of immediate danger. The police will determine the most appropriate next steps, including whether there are grounds to detain the client.

Client Signature

Date

LSLC Staff

Date



Client Grievance Policy

It is Life Skills' purpose to provide an effective way for clients to bring problems concerning their well-being to the attention of the Life Skills management. Misunderstandings or conflicts may arise and should be resolved before serious problems develop. Therefore, the following grievance procedure has been established for the benefit and use of Life Skills Clients.

If you need to file a complaint about the services or treatment you receive at Life Skills, you should follow the procedure described below:

1. Contact the staff member/facilitator as soon as possible to discuss the complaint or grievance. If you do not wish to speak directly to the person providing service you should contact the Life Skills Program Manager.
2. At this time, you will need to put your complaint in writing by filling out a "Complaint Form" available at the Life Skills Office. Submit the form to the Life Skills Program Manager. The staff member/facilitator receiving the complaint will immediately be asked to complete an Incident Report.
3. The LS Program Manager and a Clinical Supervisor (if the complaint involves a clinician) will work jointly to resolve the issue. (If the staff member is not a clinician, the LS Program Manager and the Office Manager will work together to resolve the situation). You are entitled to meet with these individuals within five (5) working days of the initial complaint. If this does not resolve the situation, the LS Program Manager, the Clinical Director and/or the Office Manager will contact the Privacy Officer.
4. The Privacy Officer will investigate the complaint and meet with you within two (2) weeks of the first level meeting. The LS Program Manager, a Clinical Supervisor and/or the Office Manager will also attend this meeting. Life Skills Learning Center will make every attempt to achieve a positive resolution with you while maintaining the integrity of the LSLC policies and all parties involved. Once a solution has been reached, you will be provided written findings, conclusions and a plan for corrective action (if indicated).

Privacy Officer	Office Manager	Program Manager
Steve Reshetar, Executive Director of Matt 25	Pauline Reshetar	Deanna Bouillon
1200 N. Thornton St., Suite A Clovis, NM 88101 575-763-4400 Ext. 100	1200 N. Thornton St., Suite H Clovis, NM 88101 575-935-4411 Ext. 105	1200 N. Thornton St., Suite H Clovis, NM 88101 575-935-4411 Ext. 106



ACKNOWLEDGEMENT
OF RECEIPT OF CLIENT GRIEVANCE POLICY

I, _____, have received a copy of the Life Skills Learning Center's Grievance Policy. I understand that LSLC strives to protect my rights at all times and if at any time I feel those rights have been violated, I can use the procedures I was given to address such issues.

Signature

Date

Signature of Life Skills Staff

Date



1200 N. Thornton St., Suite H Clovis, NM 88101
Ph. 575-935-4411/Fax 575-935-0400
RELEASE OF INFORMATION

Client Name (Print) _____ DOB _____

Address _____
Street City State Zip

I hereby authorize (Agency Name) _____

Attention (Name & Title) _____

Phone Number _____ Fax Number _____

To release the following information for the purpose of coordination of care & treatment planning:

- Intake Information
Discharge Summary or Certificate of Completion
Psychiatric/Psychological Evaluation
Treatment Plan(s)
Recommendation Letter
School Records (report cards, discipline, teacher observations, IEP)
Diagnosis, Functional status, Prognosis
Medical Records from _____ to _____
Legal Records (excludes attorney/client privilege)
Psychosocial Assessment
Domestic Violence/Anger Assessment
Placement History
Substance Abuse/Alcohol Assessment (protected under 42 CFR Part 2)
Chronological Offense Records
Probation/Parole Agreement
Court Orders
Consultation/Dialogue (phone, in-person, secure email, fax)
Referral Information/Service Plan
Fees/Balance Owed
Educational Tests/Evaluations
Attendance/Progress Reports
Other _____

*****MH/BH Psychotherapy Notes (actual notes excluded as defined in 45 CFR 164.501)

The information shall be released to (Agency Name) _____

Attention (Name & Title) _____

Phone Number _____ Fax Number _____

PROHIBITION ON REDISCLOSURE: Federal Law & State Regulations prohibit further disclosure of this information to any Persons or Agency without securing another proper written authorization for that purpose.

This is valid for one (1) year after the date of this signature or until either party terminates in writing. I expressly understand and agree that no legal responsibility or liability of any nature shall be to the respondent, the agency or its employees in acting upon this authorization and request.

Signature of Client _____

Date _____

Signature of Parent/Legal Guardian (if applicable) _____

Date _____

Signature of Life Skills Staff (Witness) _____

Date _____



WRITTEN CONTRACT – RULES OF CONDUCT

Life Skills Learning Center (LSLC) is required to ensure that each class is conducted in an environment that is respectful, productive, and free of violence, intimidation or bias. LSLC shall hold participants accountable for their behavior and shall take appropriate action, up to and including dismissal, in response to any violations of the Rules of Conduct. ***Read each rule and initial in the blank***

1. Participants agree to attend each week as ordered by the referring agency _____.
2. Participants shall openly and honestly engage in each class_____.
3. Participants shall refrain from any and all violence, abusiveness and disruptive behavior during class_____.
4. Participants shall take full responsibility for their abusive behavior and make every effort to learn non-abusive alternatives_____.
5. Participants shall maintain confidentiality regarding personal information and identity learned from or about any other program participant_____.
6. Participants shall attend all sessions free of alcohol, non-prescription drugs, prescription drugs used abusively, or any substance that could impair the ability to function or might jeopardize the safety of self or others_____.
7. Participants shall not have any weapons in their possession while attending class_____.
8. Participants shall not engage in intentionally distracting behaviors (e.g. sleeping, texting)_____.
9. Participants who perpetrate a new, documented or confessed incident of abuse or violence may be required to undergo a re-assessment to determine whether it is appropriate to continue or re-start in the program and whether

specific conditions may need to be implemented and added to the participant agreement. Decisions regarding re-assessment, continuation, and new conditions will be made following consultation with the participant's criminal justice referral source_____.

10. Participants shall not replace domestic violence programming with individual counseling or case management_____.
11. Participant will not violate any criminal statute or ordinance while participating in the program_____.
12. Participants who fail to attend or participate will be terminated from the program and the participant's criminal justice referral source will be notified immediately _____.
13. Participant agrees to waive confidentiality so that written and verbal information can be shared with the survivor of record, supervising agency, DV Survivor Services and Children, Youth & Families Department_____.

*Included in orientation packet: Client Rights/Waiver of Confidentiality and Release of Information for referring/supervising agency and CYFD.

I, _____, have read these requirements and agree to follow them.

Signature

Date

LSLC Staff

Date



FINANCIAL AGREEMENT-DVOTI FEES

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION

Client Name: _____

I agree I am responsible for paying **\$35.00** for an initial Pre-Intake Assessment. If I am accepted into the program, I agree that the Curry County DWI Grant Program will be billed to cover the cost of my Participate Intake Orientation and Domestic Violence Inventory Pre/Post Test (DVI-PP) and Group Classes. I will strive to attend all of my classes as outlined in my orientation into the DVOTI program. If I fail to attend eight consecutive classes, I will be dropped from the roster and the person(s) responsible for my supervision will be notified. I also agree if I am terminated from the program but am ordered to re-enter the class, I will be responsible for ALL remaining classes at the same rate as the DWI Grant unless I can prove financial hardship. LSLC will then figure my fee using a sliding scale based on my verified personal annual income.

- 1) Pre-Intake Assessment - **\$35.00** (self-pay - due before starting program)
Payment methods can be check, cash or credit card (credit cards can only be taken during regular business hours).
- 2) Program Participate Intake Orientation and DVI Pre/Post Test (DVI-PP) - **\$75.00** (covered by grant)
- 3) Group Classes - **\$25.00** (covered by grant) for 52 weeks

*****Total cost of program - \$1,410.00 (\$35 for Pre-Intake Assessment + \$75.00 for Intake Orientation and DVI Pre/Post Test (DVI-PP) + \$25.00 for Group Classes x 52 weeks = \$1,300.00)*****

Additional costs (if applicable):

- 1) Psychological Evaluation by a licensed clinician - \$160.00 (covered by insurance)
- 2) Psychotherapy by a licensed clinician - \$130.00 (covered by insurance)

This agreement will remain in effect while I am a client at LSLC. I understand I may request a copy of this agreement.

Release of Information

I consent for LSLC to disclose to the Curry County DWI Coordinator the following information for billing purposes only: last name, first initial, number of classes attended and DVI-PP information.

I understand that my records are protected under Federal Law and State Regulations. I understand I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and accountability Act of 1996 (HIPPA).

Client Signature: _____ **Date:** _____

LSLC Staff: _____ **Date:** _____



Men's DVOTI

Domestic Violence Offender Treatment Intervention class is 52 weeks long (one class per week). If you do not attend and participate regularly in class, you will be terminated from the DVOTI program. The agency responsible for your supervision will be notified (Probation/Compliance Officer, the court and/or the survivor/survivor advocate).

Batterer's Intervention (DV) Class

Date: Every Thursday except major holidays

Place: Matt 25 Hope Center
1200 N. Thornton St.
(1st floor classroom)

Time: 6:00 pm–7:30 pm (DOORS WILL BE LOCKED AT 6:10 PM)

Facilitator: Steve Reshetar

During inclement weather, please call 575-935-4411 to make sure class is still in session.

Thank you,

Life Skills Learning Center



Life Skills Learning Center

DOMESTIC VIOLENCE RELAPSE PREVENTION TREATMENT PLAN

Relapse prevention is a way of thinking or looking ahead to prevent getting into trouble again. Basically, you look at the progression you went through to get into trouble and you put a stop at each point to escape and/or avoid getting any closer to the trouble again.

Presenting Problem: _____

Goals:

1. Identify triggers and targets of anger and develop skills to prevent acts of harm to self and/or others.
 2. Identify thoughts, feelings and behaviors associated with disruptive and/or violent behavior.
 3. Learn to set boundaries to aid in establishing healthy/positive relationships.
 4. Learn to use appropriate coping skills.
 5. Participate each week in DVOTI class and complete required worksheets/homework.
 4. Personal goal: _____
-

Objectives:

1. Stop the cycle of violence.
2. Talk to family and/or friends about positive and negative things for emotional support.
3. Use healthy and appropriate coping skills.
4. Successfully complete 52 weeks of DVOTI education.

Frequency of Treatment:

Weekly for 52 weeks.

Resource Information Provided:

(See attached)

I, _____, have established a domestic violence relapse prevention plan with _____.

We determined appropriate goals and objectives on _____.
Date

Client Signature

Staff

*Repeat every 90 days.



RESOURCES

National Domestic Violence Hotline – 1.800.799.SAFE or text 22522

New Mexico Coalition Against Domestic Violence

Office – 505.246.9240

Email – info@nmcadv.org

Website – www.nmcadv.org

Parenting Class – Life Skills Learning Center at Matt 25 Hope Center

Eight weeks - \$160

Information call - 575.935.4411

Anger Management Class – Life Skills Learning Center at Matt 25 Hope Center

Eight weeks - \$160

Every Thursday at 5:00 pm except major holidays

Information call – 575.935.4411

Individual Counseling – Life Skills Learning Center at Matt 25 Hope Center

Information call – 575.935.4411

(accept Medicaid and most insurances)

Food Giveaway – Matt 25 Hope Center

Every Tuesday – 10:00 am - 12:00 pm

Information call – 575.763.4400

Clothes Giveaway – Matt 25 Hope Center

By Appointment

Information call – 575.763.4400

AA Meetings in local area – (see attached)

Community Services Center

Non-Emergency Medical Transportation

1100 Community Way

Portales, NM 88130

575-356-8576

Email – csc@yucca.net

Ideal Option

Drug and Alcohol Addiction Treatment
(located in the Mental Health Resources building)
Information call – 877.52.1275
Email – info@idealooption.net

Food Bank

2217 E. Brady
Clovis, NM 88101
Website – www.fbenm.org
Email – fbenmoutreach@plateautel.net
Information call – 575.763.6130

Meca Therapies *(childhood services)*

201 E. Llano Estacado
Clovis, NM 88101
Office – 575.763.9517
Website – www.mecatherapies.com

La Casa Family Health Center *(help with signing up for benefits i.e. Medicaid, SNAP)*

1200 N. Thornton St. Suite J
Clovis, NM 88101
Office – 575.935.8100
Website – www.lacasahealth.com

State of NM CYFD – Child Protective Services

221 W. Llano Estacado
Clovis, NM 88101
Office – 575.763.0014



NEW MEXICO AREA 46 Alcoholics Anonymous

A.A. Meetings in New Mexico

Time	Meeting	Location / Group	Address	District
Sunday Noon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Sunday 7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Monday Noon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Monday Noon	We Care	Golden Acres	718 Wylie Cox Cir	District 01
Monday 6:00 pm	Lamplighter Group Mens Men	Christian Campus House	223 S Avenue K	District 01
Monday 6:00 pm	Serenity Sisters Women	Golden Acres	718 Wylie Cox Cir	District 01
Monday 7:00 pm	Unity Group	First Christian Church	1701 S 4th St	District 01
Monday 7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Tuesday Noon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Tuesday 6:00 pm	Willow Group	Central Christian Church	1528 Main St	District 01
Tuesday 6:30 pm	Santa Rosa	Meeting is part of D-1 Temporarily Inactive	439 S 3rd St	District 01
Tuesday 7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Wednesday Noon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Wednesday Noon	We Care	Golden Acres	718 Wylie Cox Cir	District 01

Time	Meeting	Location / Group	Address	District
Wednesday6:00 pm	Willow Group	Central Christian Church	1528 Main St	District 01
Wednesday6:00 pm	We Care Spanish Meeting	Christian Campus House	223 S Avenue K	District 01
Wednesday7:00 pm	Unity Group	First Christian Church	1701 S 4th St	District 01
Wednesday7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
ThursdayNoon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Thursday6:00 pm	Willow Group	Central Christian Church	1528 Main St	District 01
Thursday6:00 pm	Fellowship Spanish Meeting	Fellowship Group	1119 N Thornton St	District 01
Thursday7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
FridayNoon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
FridayNoon	We Care	Golden Acres	718 Wylie Cox Cir	District 01
Friday6:00 pm	Willow Group	Central Christian Church	1528 Main St	District 01
Friday7:30 pm	Lamplighter Group	Christian Campus House	223 S Avenue K	District 01
Friday7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Saturday9:00 am	Fellowship Women's Meeting Women	Fellowship Group	1119 N Thornton St	District 01
SaturdayNoon	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01
Saturday6:00 pm	Willow Group	Central Christian Church	1528 Main St	District 01
Saturday7:30 pm	Fellowship Group	Fellowship Group	1119 N Thornton St	District 01