

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 will 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	<i>once</i>	<i>ongoing</i>
Witness violence between parents	<i>once</i>	<i>ongoing</i>
Threats of violence	<i>once</i>	<i>ongoing</i>
Violence between siblings	<i>once</i>	<i>ongoing</i>
Fear of your date or others	<i>once</i>	<i>ongoing</i>
Shoving, pushing, kicking	<i>once</i>	<i>ongoing</i>
Other _____	<i>once</i>	<i>ongoing</i>

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
<input type="checkbox"/> Where to live	1	2	3
<input type="checkbox"/> Whether or not wife works	1	2	3
<input type="checkbox"/> What job wife will take	1	2	3
<input type="checkbox"/> Whether or not to have children	1	2	3
<input type="checkbox"/> What church to attend	1	2	3
<input type="checkbox"/> How to handle finances	1	2	3
<input type="checkbox"/> What major purchases to make	1	2	3
<input type="checkbox"/> How to spend leisure time	1	2	3
<input type="checkbox"/> Who to socialize with	1	2	3
<input type="checkbox"/> When to have sex	1	2	3
<input type="checkbox"/> How to have sex	1	2	3
<input type="checkbox"/> How to discipline children	1	2	3
<input type="checkbox"/> Type of family activities	1	2	3
<input type="checkbox"/> When to visit relatives	1	2	3
<input type="checkbox"/> 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

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.