



the center
for violence-free relationships
education | advocacy | services
POSITIVE+SOLUTIONS

Program Enrollment & Participation Agreement for: _____

You must complete an intake appointment to be officially enrolled in the Positive Solutions program.

Intake Enrollment Steps:

1. Contact The Center for Violence-Free Relationships at (530) 626-1450 to schedule an intake appointment.
2. Complete this Positive Solutions Program Enrollment Packet.
3. Collect the following items to bring to the intake appointment:
 - + Photo ID
 - + \$35 intake fee (cash or check)
 - + Proof of income – pay stub or tax returns from last year
 - + Court order (if applicable)
 - + Court and/or probation referral (if applicable)
 - + Order/referral from other agency (if applicable)
 - + Restraining orders (if applicable)
 - + Completed Program Enrollment & Participation Agreement Packet

Please note that you must bring the completed enrollment packet and all of the applicable items listed above in order to have an intake appointment.

How did you hear about this program? _____

Positive Solutions Program Enrollment Packet

Program Description

The Positive Solutions program exists for those wanting to overcome patterns of abusive behavior and learn to navigate conflict more effectively. All the classes in Positive Solutions are based on the foundational elements of Non-Violent Communication (NVC) by Marshall Rosenberg.

The classes are: Men's Alternatives to Abusive Patterns (MAAP), Changing Abusive Patterns (CAP), and Anger Management. All of the classes follow the same curriculum, which is based on NVC. The classes are gender segregated. The MAAP class is for men and the CAP class is for women. Both the MAAP & CAP classes meet the criteria for CA State Certified 52-week Batterer's Intervention Programs (BIP). These classes are delivered in two stages: The first stage (weeks 1-12), is where participants learn core anger management tools and concepts, and then stage 2 (weeks 13-52) where a full range of instruction and practice can be achieved. The Anger Management class covers the material presenting the first stage of MAAP/CAP and meets the requirements for Court Ordered Anger Management.

In Positive Solutions we believe abusive behavior is learned and can be unlearned. Focus is placed on three principal areas:

1. Providing tools or alternatives to stop the abusive behavior now. Individuals will learn that violence is not an appropriate tool for solving problems and will learn alternative responses.
2. Developing an appreciation of feelings and emotions. Participants will develop an awareness of their own emotional capacity and learn techniques for expressing the full range of human emotion.
3. Becoming aware of and changing the attitudes and false expectations that have contributed to engaging in abusive behavior.

The group model is our primary tool in working together throughout the year. This provides a safe environment for clients to relate to others' experiences, learn to accept responsibility for their actions, and develop skills to more appropriately respond to conflict.

The full course of MAAP & CAP is 52 weeks. According to the law, participants who are court ordered are expected to be in this program for a minimum 12 months, and must complete the program within 18 months. Dropped participants will be allowed to re-enroll based on space availability. A new intake fee & enrollment paperwork will be required.

Our program requires participants to:

1. Pay for sessions at the time of each session. Participants falling more than 2 payments behind will be dropped from the program.
2. Attend all sessions. Participants with more than 2 unexcused absences in the first twelve weeks, 3 unexcused absences overall, or 12 absences throughout the entire program will be dropped from the program.
3. Refrain from violent, abusive, or harassing behavior. Participants must follow all restraining orders issued.



Positive Solutions Program Enrollment Packet

Demographic Information

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Gender: _____

Ethnicity: _____ Marital Status: _____

Primary Language: _____ Fluent in English: Yes No

Disabilities: Physical Mental Developmental None

Substance Abuse: Alcohol Abuse Drug Abuse Past Abuse Sober / Clean None

Income Source: _____ Monthly Income: _____

Place of Employment: _____

Homeless: Yes No Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ): Yes No

Childhood Experience: Witnessed Abuse Experienced Abuse None

Veteran: Disabled War Veteran War Veteran Veteran None

Emergency Contact Information:

Name: _____ Relationship to you: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____



Positive Solutions Program Enrollment Packet

Household Information

Current Partner:

Name of your current partner: _____ Partner's Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Children living with you:

1. Name: _____ DOB _____ Relationship to you: _____

2. Name: _____ DOB _____ Relationship to you: _____

3. Name: _____ DOB _____ Relationship to you: _____

4. Name: _____ DOB _____ Relationship to you: _____

5. Name: _____ DOB _____ Relationship to you: _____

Number of children between the ages of: 0-3 _____

4-7 _____

8-12 _____

13-17 _____



Positive Solutions Program Enrollment Packet

Case Information

Name of person you victimized: _____ Victim's Date of Birth: _____

(NOTE: If court mandated to attend, The Center is required by law to notify the victim of your participation in The Center's programs.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Superior Court Order:

Have you been ordered by the Superior Court to attend this program? Yes No

Judge: _____ Court: _____

Formal Probation: Yes No Summary (court) Probation: Yes No

Court / Case Number: _____ ATTN: _____

Court Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Court Phone Number: _____ Court Fax Number: _____

Have you been ordered to attend a substance abuse program? Yes No

Referral:

Have you been referred by another agency or organization? Yes No

Are you currently involved with: CPS/Human Services Family Court Mediation

Parole Dept. of Corrections Other: _____

Case #: _____

Agency/Organization: _____

Agency/Organization Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Worker's Name: _____ Worker's Email: _____

Worker's Phone Number: _____ Worker's Fax Number: _____

Have you been referred to attend a substance abuse program? Yes No



Positive Solutions Program Enrollment Packet

Confidentiality

It is important to honor your right to confidentiality. Any statements you make are confidential and will not be released without your written or verbal consent. We ordinarily ask for your authorization to contact the District Attorney, Court, Probation Officer or other directing authority if you are Court mandated, ordered or on probation. There are some areas to which your right to confidentiality does not extend. Please initial if you understand the following areas are not covered by confidentiality:

- ___ The requirement to report any information of suspected child abuse to Child Protective Services (CPS)
- ___ The requirement to report any information of suspected elder abuse or dependent adult abuse to Adult Protective Services
- ___ The requirement to report any violation of no-contact orders to court, Child Protective Services/Adult Protective Services, probation or parole department, as applicable
- ___ The requirement to warn potential victims if you threaten to kill or harm another person
- ___ The requirement to warn another person or law enforcement if the facilitator determines that you are a danger to yourself or others
- ___ There are exceptions to a client's right to confidentiality if the client is mandated to attend the program by the legal system, if the client is involved in a crime or tort or for breach of duty arising out of the facilitator-client relationship (as in CA Evidence Code 1203.097)

With any of the above reports, we will attempt to notify you first to discuss the situation.

Notes/Incident Narrative:



Positive Solutions Program Enrollment Packet

Agreements for Group

1. I have read and reviewed the Participation Agreement. I agree to participate fully in the program. I will be in my seat, ready to start, at the beginning of each session and after the breaks. I will also support everyone in doing this.
2. I will keep all interactions in the program confidential. I agree not to disclose the names or identities of any participants. This does not prevent me from sharing with others what I get from the program.
3. I agree to do all assigned preparation work, and to bring my materials to each session.
4. I will participate in the program with an open mind, willing to consider and do things differently than I currently think about or do them.

Participant Signature _____

Date _____

The Center Staff Signature _____

Date _____

Administrative Use Only

ENROLLMENT INFORMATION

Intake/Program Start Date: _____

Program Enrolled In: MAAP CAP Anger Management

Reason for enrollment

- Mandated/Ordered by the Court County Funded
 Referred by other agency or organization Voluntary

Progress Reports required? Yes No

Returning to Program? Yes No

Class # credited with at Intake (new clients start at 0): _____

Fees

Intake: \$ _____ (\$35 or other)

Income: \$ _____ per _____ Class fee: \$ _____/session

Documentation: Pay stub Prior year tax return Other _____



Positive Solutions Program Enrollment Packet

Authorization for Release/Exchange of Confidential Information

AUTHORIZATION is hereby given for verbal / written information regarding my,

_____ (client),

Participation, progress, and pertinent case reports to be exchanged / released between The Center for Violence-free Relationships and:

- El Dorado County Superior Court
- Child Protective Services (CPS)
- El Dorado County Probation Department
- California Department of Corrections (Parole)
- Other: _____

Regarding the following information:

1. Attendance: Whether or not I attend and the dates I attend or missed sessions.
2. Participation in psychotherapy and counseling: What level of participation I have in the program.
3. Program progress: Benefit received and appropriateness of services.
4. Other: _____

This authorization is valid until _____ (date).

Participant Signature

Date

The Center Staff Signature

Date

