



# THE CENTER

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 Positive Solutions Manager at (530) 295-4208 or (530) 626-1450 option 2 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)
  - + El Dorado County authorization (PDA) (if applicable)

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? \_\_\_\_\_

## 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. Previous enrollments will not be counted as towards new enrollments. Dropped participants will be allowed to re-enroll based on space availability. A new intake fee & enrollment paperwork will be required. Clients may be subject to additional program requirements.

**Our program requires participants to:**

1. **Pay for sessions at the time of each session. Participants falling more than 2 payments behind will be put on probation until a payment plan is agreed to or payments resume. Clients have 2 weeks to do either of those options or be disenrolled.**
2. **Attend all sessions. Participants with more than 2 unexcused absences in the first twelve weeks, 3 unexcused absences overall, or 8 total 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.**



## 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: \_\_\_\_\_



## 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 \_\_\_\_\_



## Case Information

Name of person you victimized: \_\_\_\_\_ Victim's Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Court Order:

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

Judge: \_\_\_\_\_ Court: \_\_\_\_\_

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

Court / Case Number: \_\_\_\_\_

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

### County Referral:

Have you been referred by a County Agency?  Yes  No

Are you currently involved with:  CPS/Human Services  Mediation  Other: \_\_\_\_\_

Case #: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency 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



## Member requirements include (please initial if you understand and accept):

- Attendance at all individual and/or group sessions
- Punctuality, being on time (participants may be no more than 15 minutes late; otherwise you will be marked as unexcused absent)
- Notice in advance (at least 24 hours) of expected absences shall grant an excused absence. Less than 24 hours shall grant an unexcused absence.
- Notification of sickness before classes, which will grant an excused absence. Repeated absences due to sickness will require adequate notice and a doctor's note. Facilitators can turn clients away from class if they are displaying symptoms of sickness.
- No more than two unexcused absences within the first twelve weeks of the program
- No more than three unexcused absences during the program or eight total absences (excused or unexcused) in entire program
- Participation in individual and group exercises and discussions
- Timely completion of homework assigned during the sessions
- No violence toward other members or facilitators
- No property damage to classroom environment
- No violence to your partner or others
- Reporting of any incidents of abuse between your partner and yourself to the facilitator, and if appropriate, to the group
- Notifying the facilitator of necessary reports to other agencies (e.g., court, probation, CPS)
- No use of drugs or alcohol when coming to a session (24 hrs. prior); no tobacco use in the building and only in marked exterior areas
- If ordered or referred to participate in a recovery program, no use of drugs or alcohol for the duration of the program, and bring proof of participation in a recovery program.
- No discussion or breaking confidentiality of the other group members outside of the group
- Payment of the agreed-upon fee each session. After two missed payments, you will be put on probation and barred from attending class until a payment plan is agreed to and or payments resume. Any resulting absences will not be counted as unexcused or excused.
- Payment for all unexcused absences
- Consent for The Center for Violence-Free Relationships to speak to your current or new partner to discuss the methods of intervention you are learning
- If designated by the court, no contact with your partner during part or all of the duration of the program
- You may be dismissed from the class and/or the program if you are disruptive, not participating or not showing growth and improvement



## 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.



## 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
- Referred by Parole or other agency
- County Funded
- Voluntary

Progress Reports required?  Yes     No

Returning to Program?  Yes     No

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

### *Fees*

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

Documentation:  Pay stub     Prior year tax return     Other \_\_\_\_\_





## Authorization for Release/Exchange of Confidential Information

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

\_\_\_\_\_ (client),

participation and progress to be exchanged / released between The Center for Violence-free Relationships and:

- El Dorado County Superior Court
- Child Protective Services (CPS) / CAPIT FUNDING
- El Dorado County Probation Department
- California Department of Corrections (Parole)
- El Dorado County Public Defender’s Office
- El Dorado County District Attorney’s Office
- Other: \_\_\_\_\_

### Regarding the following information:

1. Attendance: Whether or not I attend or missed sessions.
2. Participation in psychotherapy and counseling: What level of participation I have in the program.
3. Additional acts of violence: Whether I have had additional acts of violence, control, or abuse while in the program.
4. Psychosocial history: Personal history and how that may have influenced me.
5. Treatment diagnosis: The clinician’s evaluation of the extent of my control, violence, or abusive behavior. This could also include assessing other psychological, emotional, or attitudinal issues.
6. Prognosis: How it appears I will do in treatment and in the future.
7. Recommendations: What are the types of psychotherapy, counseling or collateral service recommended and the length, if applicable.
8. Other: \_\_\_\_\_

This authorization is valid until \_\_\_\_\_ (date).

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Center Staff Signature

\_\_\_\_\_  
Date

