

Amount paid @ intake: _____ Assigned group: _____ Start Date: _____

Change in Action Alternatives to Violence Intake Information

Today's Date: ____ / ____ / ____ SS#: _____ Race: _____

Name of Participant: _____ Date of Birth: ____ / ____ / ____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Address: _____

Phone Number of Employer: _____

Emergency contact person - Name: _____

Relationship: _____ Street Address: _____

City: _____ State: _____ Zip code: _____ Phone #: _____

Do you have support of family and / or friends? Yes _____ No _____

Can you talk with someone when you are upset? Yes _____ No _____

Check how you came

_____ Voluntary _____ Court Ordered _____ Probation _____ Referral _____ Other

Name of Victim: _____ Relationship to Participants: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Are you currently living together? _____

If no how close do you live to the victim: _____

If living apart how often do you see the victim if any: _____

How do you feel about your current relationship? _____

Children: # of Female Children _____ # of Male Children _____

Name: _____ Age: _____ Lives with: _____

Name: _____ Age: _____ Lives with: _____

Name: _____ Age: _____ Lives with: _____

Name: _____ Age: _____ Lives with: _____

How do you discipline your children? _____

Have you ever had fears of hurting your children? _____ Yes _____ No

Has Child Protective Services ever been involved with you or your children? _____ Yes _____ No

If yes, which locality: _____

Reason for involvement: _____

Do you have any weapons in your home? _____ if yes, how many, what type, location, ammunition: _____

Incident which brought you to Change in Action: Date of incident _____ / _____ / _____

Summary of this incident: _____

Were the Police called to the Scene? _____ Yes _____ No Charges: _____

Results: _____ Convicted: _____ Case Pending: _____

Date: _____ / _____ / _____ Charges dropped _____ Locality of sentencing _____

Judge: _____ Probation Officer: _____ Phone # of referring agency: _____

Is there an active Protective Order? _____ Condition of Protective Order: _____

Have you been charged with any violations of the Protective Order? _____

Explain: _____

History of Past Arrests and Convictions:

Charge: _____

Date: ____/____/____

Convicted: _____ Yes _____ No

Sentence: _____

Charge: _____

Date: ____/____/____

Convicted: _____ Yes _____ No

Sentence: _____

History of Abuse

Yes

No

Have you been involved with Change in Action before?

Have you ever attended anger or abuse counseling?

Have you ever had a chemical dependency evaluation?

Summary of most violent recent incident in which you have been involved: _____

Have you been involved in previous violent relationships? _____ Yes _____ No – If yes, explain

Was anyone violent towards you when you were growing up? _____ Yes _____ No – If yes, explain

Were there any factors that affected your family growing up such as: poverty, abuse, alcoholic in family, serious illness, or drug abuser in the family? _____

Description of Abuse that you have used: (Check all that apply)

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Humiliating | <input type="checkbox"/> Hitting | <input type="checkbox"/> Threats of homicide |
| <input type="checkbox"/> Pulling Hair | <input type="checkbox"/> Kicking | <input type="checkbox"/> Breaking things | <input type="checkbox"/> Threats of suicide |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Spitting | <input type="checkbox"/> Shooting | <input type="checkbox"/> Threats to take children |
| <input type="checkbox"/> Put downs | <input type="checkbox"/> Bruising | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Forced sex |
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Punching | <input type="checkbox"/> Stalking | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Forced detention | <input type="checkbox"/> Choking | <input type="checkbox"/> Hurting pets | |
| <input type="checkbox"/> Others | | | |

When was the last incident of abuse? _____ Briefly describe the incident: _____

Which of the following have you used against others?

Intimidation: (attempting to frighten someone by looks, gesture or action)

Describe: _____

Emotional Abuse: (putting other down by calling names, humiliating them, making them feel guilty)

Describe: _____

Isolation: (keeping others from going places they choose to go, listening in on phone conversation, opening mail or following them around)

Describe: _____

Are you currently or have you ever seen a therapist or counselor? _____ Yes _____ No

If yes, When? _____ Therapist's/Counselor's Name: _____

Have you ever been diagnosed with mental illness? _____ Yes _____ No

Have you ever threatened or attempted suicide? _____ Yes _____ No

Have you ever threatened to harm another person? _____ Yes _____ No

Comments: _____

Substance Abuse:

Do you use alcohol? _____ Yes _____ No Does your partner use Alcohol? _____ Yes _____ No

Do you use illegal drugs? _____ Yes _____ No If yes, what drugs and describe extent of use: _____

Does your partner use illegal drugs? _____ Yes _____ No If yes, what drugs and describe extent of use: _____

Are you currently taking any medication? _____ Yes _____ No If yes, what medication and who prescribed them. _____

Is your partner currently taking any medication? _____ Yes _____ No If yes, what medication and who prescribed them. _____

Have you ever been convicted of any violations involving the use of alcohol or other substances?
_____ Yes _____ No If yes, describe: _____

Have you ever participated in a 12-step (AA) or substance abuse (NA) program? _____ Yes _____ No

If yes, Date: _____/_____/_____ Where: _____

Reason for participation: _____

Your signature below certifies that the information you have provided is accurate to the best of your knowledge.

Signature

Date

L.A. Survey**(Must Complete during intake)****Yes****No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Have you ever made threats of hurting yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever made threats of seriously harming someone else? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever discussed murdering someone else and then killing yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you feel lethargic? Feel that everything is going wrong? Hopeless? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you feel that your life has become increasingly stressful? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you unemployed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your income below what you need to pay your bills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you dealing with the recent death of a loved one/ relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been treated for a mental illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a weapon? Or access to a weapon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you feel that you cannot live without your partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have family or friends that you can talk to when you need help? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you currently residing with your partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If not, then is the separation recent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If so, are you angry about the separation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you involved with drugs or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you seeking to locate your partner if you are not currently together? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have the incidents of violence gotten worse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If you are not currently living with the person, do you know where they do live? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are you frequently in contact with your partner? | <input type="checkbox"/> | <input type="checkbox"/> |

Partner Contact Agreement

I understand that my partner may be contacted by a Change in Action or a Turning Points representative. At that time, they will be advised of:

1. My enrollment in the program.
2. The purpose and limitations of the program.
3. Services that is available for them and their children.
4. How to make a safety plan.
5. Effects of violence on children.
6. They will be notified if I am terminated from the program for any reason.

Client Signature

Date

Staff Signature

Date

Authorization for Information Exchange

My right to privacy is protected if I know the following conditions are met:

1. I believe the exchange of information specified on this form is in my best interest.
2. I understand that the exchange of information is limited to the persons or organizations named below, and for the purpose specified below. The information will not be passed on to anyone else, nor will it be used for any other purpose.

I authorize Change in Action to exchange information about me with:

Names and Organization

For the specific purpose of: Keeping judges, probation officers and other court officials apprised of your compliance with group requirements.

The authorization will automatically end: When I have completed group.

Client Signature

Date

Staff Signature

Date

Change in Action

Group Contract

What is expected of me and what I can expect out of group.

Group member:

- I must attend 18 sessions
- I may have 2 absences which must be made up by attending additional groups after my initial 18 weeks; after 2 absences I will be dropped from the group
- I will arrive on time for group. Arriving late will be counted as an absence
- I will complete all homework assignments and actively participate in class
- I understand that completion of homework and active participation is part of satisfactory completion
- I will not use drugs or alcohol prior to group or bring any weapons to class
- No smoking in the building where group is held
- I will turn off all cell phones, pagers or other electronic devices
- I understand that no children are allowed in group
- I will refrain from all negative, abusive language and refer to my partner/or ex-partner by their given name only
- I will not wear offensive clothing with abusive language or negative images
- I will show respect for myself, the facilitators and other group members at all time
- I will not monopolize the group. I understand group is a place for all to share their concerns
- I must sign in each week to mark my attendance for that group
- If I am arrested for a further act of violence while I am in the Change in Action program I may be dropped from the program at the discretion of the program coordinator

Group Leaders:

- We will begin and end each session on time
- We will assist all members in developing skills to lead a violence free life
- We will involve all members in group discussions
- We will be respectful of all group members
- We will notify members of any changes in group times and schedules
- We will report to the court, local community corrections program, or other appropriate authority regarding participant's progress and compliance with court orders and program rules
- We will report to the appropriate persons any bodily harm or threats of bodily harm to the victim or any other person, any threats or attempts to commit suicide, or belief that child abuse or neglect has occurred

Client Signature

Date

Staff Signature

Date

Change in Action

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Client Signature

Date

Staff Signature

Date

Change in Action Notifications

Change in Action has setup several ways for clients to receive notifications regarding group changes and cancellations.

- * Visit our website at www.changenaction.org (Announcements tab)
- * “Change in Action” on Facebook
- * “ChangeinAction” on Twitter
- * To get notifications via text- text **CHANGEINACTION** to **84483** or to only receive notifications regarding Rappahannock Alternatives to Violence groups- text **RAPATV** to **84483**.

Change in Action

Domestic Violence and Prevention Program

Group Participant Payment Agreement

www.changenaction.org or 571-379-0352

I, _____ have requested to be permitted to attend a Domestic Violence Education Group (hereinafter called "the group) facilitated by the Men's Program staff of Change in Action.

In return for being permitted to attend and to participate in such a Group, I agree to pay **\$425** on the following schedule:

_____ **\$100** at the time of my intake which also covers the cost of my intake and reserves a place in the next available Group; and then the remaining balance of **\$325** as payments of **\$25/week** for each of the first 13 weeks.

Or

_____ **\$425** at the time of my intake which covers the cost of the intake and group.

I understand that **none of these payments are refundable** should I not start or complete the full eighteen-week Group. "Failure to complete" means either I failed to make any of the above payments in accordance with this schedule, or I conducted myself in a manner that is detrimental to the Group's ability to proceed effectively as determined by the Men's Program Coordinator after consultation with the group facilitators.

I understand that, if I am permitted to reenter the program, which permission is at the sole discretion of the Change in Action Men's program coordinator, I will have to pay the full \$425 fee on the same schedule as that set out above.

Further, I understand that all payments must be

- In the form of cash
- Money order made payable to "Change in Action"

All payments will be made either:

- By mail or in person at 12884 Harbor Drive Suite 203 Woodbridge VA 22192 or at my group location prior to group session.

Group details:

• First session: _____

• Location:

_____ Office: 12884 Harbor Drive Suite 203 Woodbridge VA

_____ Bethel United Methodist Church

13506 Minnieville Rd, Woodbridge

_____ Rappahannock Area

• Time:

_____ 5:30-7:30

_____ 6:00-8:00

_____ 7:30-9:30

Client Signature

Date

Staff Signature

Date

Client copy

Change in Action

Domestic Violence and Prevention Program Group Participant Payment Agreement

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Client Signature

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Staff Signature

Date

Change in Action

Domestic Violence and Prevention Program

Group Participant Payment Agreement

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In return for being permitted to attend and to participate in such a Group, I agree to pay on the following schedule:

_____ **\$40** at the time of my intake which also covers the cost of my intake and reserves a place in the next available Group; and then the remaining balance of **\$160** as payments of \$20/ week until paid.

I understand that **none of these payments are refundable** should I not start or complete the full eighteen-week Group. "Failure to complete" means either I failed to make any of the above payments in accordance with this schedule, or I conducted myself in a manner that is detrimental to the Group's ability to proceed effectively as determined by the Program Coordinator after consultation with the group facilitators.

I understand that, if I am permitted to reenter the program, which permission is at the sole discretion of the Change in Action Program coordinator, I will have to pay the full fee.

Further, I understand that all payments must be

- In the form of cash
- Money order made payable to "Change in Action"

All payments will be made either:

- By mail at 12884 Harbor Drive Suite 203 Woodbridge VA 22192
- Or prior to group session

Group details:

- First session: _____
- Location: _____
- Time: _____

Amount Paid _____

Method of Payment: _____

Client Signature

Date

Staff Signature

Date

Change in Action

Confidentiality Statement

All clients of Change in Action retain rights guaranteed them by Virginia Statute 37.1-84 and applicable state and federal Laws. Staff and volunteers of Change in Action treat all clients with respect for basic human dignity and follow sound principles of human growth and development. Change in Action encourages client self determination and empowerment.

Areas of confidentiality include all forms of communication between a client, staff and volunteer:

The Batterer Intervention Program requires clients to sign a release allowing partner contact for the purpose outlined in the release. Contact is also authorized with law enforcement personnel who are monitoring client.

Members of the staff may exchange information about a client in order to provide effective service.

Four exceptions exist to the Confidentiality Policy:

1. The client gives written consent
2. The staff believes the life of the client or another person is in danger
3. The staff believes there may be child abuse or neglect
4. Release of information is court ordered

Client Signature

Date

Staff Signature

Date

	Strongly agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Unsure
1. I can tell that I am becoming angry before I react.						
2. My partner says things or does things which force me to lash out in anger.						
3. In my relationships I am responsible for making all important decisions without discussing it with my partner						
4. Anger is a bad feeling.						
5. When there is a problem in my relationship, I make sure to discuss it when both of us are able and ready.						
6. Time-Outs are an opportunity to escape the situation so that I don't have to ever discuss it.						
7. When trying to problem solve its okay to bring up old issues and complaints.						
8. Taking a time-out can increase my sense of internal control.						
9. I am responsible for choosing to drink alcohol or do drugs if it causes me to be violent						
10. My behavior effects my partner and/or my child(ren).						
11. Not allowing my partner to leave when we are arguing is a form of abuse.						
12. It is only abuse if I physically harm my partner.						

	Strongly agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Un sure
13. If I negotiate with my partner then they "win" and I "lose"						
14. If my partner would just do things my way, then there wouldn't be a problem.						
15. I am only here because of my partner.						
16. When I'm angry there is nothing I can do to stop myself.						
17. Children are only effected by what happens at home if they've witnessed a fight.						
18. When things are too stressful at home, I go out for a few drinks.						
19. I know the triggers for my anger and I am responsible for what I do.						
20. If my partner would just change then everything would be great.						