

ANGER MANAGEMENT PROGRAM INTAKE FORM

NAME: _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____

CASE#(IF APPLICABLE) _____

EMPLOYER'S NAME & ADDRESS: _____

HISTORY

1. BRIEFLY DESCRIBE INCIDENT: _____

2. BRIEFLY DESCRIBE COURT INVOLVEMENT(JAIL TIME, PROBATION, CHARGES, ETC.): _____

3. HAVE YOU EVER BEEN ARRESTED BEFORE? WHEN? CHARGE(S)? _____

4. HOW OFTEN DO YOU USE DRUGS OR ALCOHOL? DO YOU FEEL THAT THIS CONTRIBUTES TO YOUR CURRENT SITUATION? _____

5. HAVE YOU BEEN IN COUNSELING BEFORE? WHEN? FOR? _____

6. DO YOU HAVE ANY OTHER CURRENT ORDERS OR COURT REQUIREMENTS,
SUCH AS RESTRAINING ORDERS, SUBSTANCE ABUSE PROGRAM,
ETC? _____

ANGER MANAGEMENT PROGRAM RELEASE OF INFORMATION

() I authorize the exchange of information and unrestricted communication for the term of my probation between Hesperia Counseling Center and the Court, the District Attorney's Office, the Probation Department, the Victim/Victim's Agent, CPS, Substance Abuse counselor, or the referral agency for the purpose of evaluation of my case and for verification of my cooperation, attendance, progress, compliance with the condition of my probation, and the appropriateness of the referral.

() I understand that if I threaten harm to myself and/or another person, including suicide and/or murder, Hesperia Counseling Center if mandated by law to report such threats to the appropriate authorities, to warn any intended victim(s) of such threats, and to take another action as specified by law.

() I understand if I report involvement in any act against a child which is considered to be abuse, including physical violence and/or sexual molestation, Hesperia Counseling Center is mandated by law to report this involvement to the appropriate authorities and to take any other action as specified by law.

() For the purpose of monitoring this program, there may be an occasion where monitors are present during the group session. I agree to this for the purpose of evaluating the program. All client information shared during the session will be held confidential by the monitors.

I have read this statement and fully understand the contents and the ramifications which have been explained to me. I agree to these limits of confidentiality. This release will remain in effect for one year from date of enrollment.

I acknowledge the original will be placed in my file.

Client Signature

Staff Signature

Date

Date

ANGER MANAGEMENT GROUP AGREEMENT

This group is for you. It will only work if you bring your presence and active participation to every group meeting. There must be safety and respect for every member for the group to function effectively. Your progress in this program is very important to us, The following guidelines are the minimum requirements for a group to provide maximum benefits to each member.

1. No cancellations of/or skipping sessions is allowed. There are no excused absences.
2. Being on time for the group is important and show consideration for other group members. If you are more than 10 minutes late you will be unable to attend and it will be considered a missed session.
3. If during the 12 and/or 16 week period and a group member accumulates 2 absences, it will be grounds for termination.
4. No person under the influence of alcohol or other drugs will be permitted to stay in the group. A person attending the group under the influence will be terminated.
5. No smoking on the premises is allowed.
6. No violence toward or threatening of other group member will tolerated. This is grounds for immediate termination.
7. Confidentiality of all group members must be respected by the facilitator and other group members.
8. The Anger Management Program can be effective only if you participate actively both in your own process of change and the interchange between group members. Inactive or passive participation, overwhelming resistance to working in group, or undermining of the group's ability to function is grounds for immediate termination.

I have read and understood the requirements set forth.

Client Signature

Staff Signature

Date

Date