

CHILD ABUSE TREATMENT INTAKE ASSESSMENT

NAME: _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

DATE OF BIRTH _____ SOCIAL SECURITY# _____

VICTIM'S NAME: _____ AGE: _____

RELATIONSHIP TO VICTIM: _____

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

Hesperia Counseling Center

RESTRAINING ORDERS, SUBSTANCE ABUSE PROGRAM,
ETC? _____

Client Signature

Staff Signature

Date

Date

CHILD ABUSE TREATMENT PROGRAM PARTICIPATION CONTRACT

***Please initial each statement ()**

NAME: _____

() I agree to attend a minimum 52 week Child Abuse Treatment Program as required by the Court and State Law starting _____ and understand that I must attend all sessions. A maximum of three absences will be permitted over the 52-week program and all missed sessions will be made up.

() I understand that after the 3rd absence, I will be dismissed from the program and referred back to court and Probation Department.

() I agree to inform Hesperia Counseling Center immediately of any change in my contact information such as address and phone number.

() I agree to pay a fee of \$ _____ per session. This fee must be paid at each group session or in advance. I will not receive a certificate of completion until all outstanding balances are paid in full and the 52 week program has been completed.

() I understand that I must be on time and if I arrive 10 minutes past the group starting time, I will be considered late and will not be allowed to attend or receive any credit for the group session.

() I understand that my attendance, my payment history, any reported acts of violence, my participation, and an evaluation of my progress will be reported on a quarterly basis to my reporting agency. (i.e. Court, Probation, Attorney, District Attorney's Office, CPS, etc.)

() I agree to attend all group sessions free of alcohol and drugs.

() I agree not to be violent with any person during my participation in this program.

() I understand that the information shared in the program is confidential and will not discuss personal information with anyone outside the group. I understand I am prohibited from disclosing any information obtained through participation in the program or during the group sessions regarding other participants.

() I understand that in addition to the Initial Intake there will also be a final evaluation session upon the completion of the 52 weeks bringing the total required attendance to 54 weeks as mandated by State Law.

() I have read this contract and understand my requirements for participation in the group.

Client Signature

Staff Signature

Date

Date

POLICY FOR CONTACT WITH PROBATION DEPARTMENT

Hesperia Counseling Center will provide to the Probation Department or other referring agency a written report containing the following documents as needed:

- Proof of enrollment within 30 days of conviction utilizing the standard reporting form.
- Quarterly client attendance reports.
- Progress reports every 3 months or as ordered, that describes attendance, participation, and progress to date.
- Immediate report if the program finds the participant is unsuitable, is in violation status, or is failing to comply with program requirements.
- Proof of completion upon final completion of all program requirements and exit interview.

I have read and understood the requirements set forth.

Client Signature

Staff Signature

Date

Date

SAN BERNARDINO COUNTY PROGRAMS

FEE SCHEDULE ASSESSMENT ACKNOWLEDGEMENT

The Child Abuse Treatment Program you must attend is conducted by a privately run agency and is **NOT** subsidized by the county or state. Because of your conviction, you have been ordered to attend this program at your own expense. The court requires you to pay a fee for this program based on your income. If you have a very low monthly income, you may be given a deferred payment plan or assigned community service instead of full payment. All programs use the same standardized fee schedule to determine the fee you will be charged. You are expected to provide the programs with adequate financial information to determine your ability to pay. Failure to provide the financial information may result in the maximum allowable fee be assessed. Should you have a significant change of financial circumstances, you may request that the program conduct a fee reassessment at that time. The program may also conduct a fee reassessment periodically during the time you are attending. You are expected to pay the fee for each session at the time of the session. The amount of your fee and your payment history will be reported to the court and/or your Probation Officer quarterly. In order to ensure that your fee assessment is fair and reflects your ability to pay, the San Bernardino County Probation Department has established the following standards:

- Every program must do a fee assessment at the Intake and Assessment interview.
- All fees shall be disclosed to you at the Intake and Assessment interview.
- The maximum group session fee is \$100.00 per week.
- The group session fee is based on a percentage of your monthly income.
- It is your responsibility to provide proof of your monthly income.
- If you do not provide proof of income you may be charged the maximum fee allowed.
- No fees will be charged for your exit conference.
- No fees will be charged for letters or monthly progress reports.
- Save your weekly receipts to verify attendance should any questions or conflicts arise.

PLEASE TAKE TO YOUR INTAKE APPOINTMENT THE FOLLOWING DOCUMENTS:

- LAST YEARS STATE AND FEDERAL INCOME TAX FORMS
- TWO RECENT PAYCHECK STUBS
- SOCIAL SECURITY BENEFITS YOU RECEIVE
- ALIMONY AND/OR CHILD SUPPORT PAYMENTS YOU RECEIVE
- RETIREMENT AND PENSIONS RECEIVED
- INSURANCE OR ANNUITY PAYMENTS YOU RECEIVE
- SCHOLARSHIPS AND GRANTS YOU RECEIVE
- VETERAN'S PAYMENTS YOU RECEIVE
- COPY OF UNEMPLOYMENT PAYMENTS OR WORKER'S COMPENSATION YOU RECEIVE.
- PUBLIC ASSISTANCE (SUCH AS AFDC, EMERGENCY ASSISTANCE OR GENERAL RELIEF) YOU RECEIVE.
- DIVIDENDS, INTEREST RENTAL INCOME, ROYALTIES AND GAMBLING OR LOTTERY WINNINGS.
- AND ANY OTHER PROOF OF YOUR CURRENT INCOME.

Hesperia Counseling Center

I declare that I have read and received a copy of this form.

Client Date

Program Staff Date

____ I have provided Hesperia Counseling Center with the proper documentation regarding my monthly income. My group fee charged per week will be \$_____.

____ I am not providing Hesperia Counseling Center with the proper documentation regarding my monthly income and understand that I can be charged up to the maximum allowable fee of \$100.00. My group fee charged per week will be \$_____.

I declare that I have read and understand the assigned fees which are due each week when attending group sessions.

Client Date

Program Staff Date

ASSESSMENT OF ALCOHOL AND OTHER DRUG

Think about your alcohol or other drug use, answer the questions pertaining to the substance you use most often. During the past year:

1. Do you think your alcohol or other drug use was out of control?

Never(0) Sometimes(1) Often(2) Always(3)

2. Did the thought of not being able to get any alcohol or other drugs make you anxious or worried?

Never(0) Sometimes(1) Often(2) Always(3)

3. Do you worry about your alcohol or drug use?

Never(0) Sometimes(1) Often(2) Always(3)

4. Do you wish you could stop?

Never(0) Sometimes(1) Often(2) Always(3)

5. How difficult would you find it to stop or go without?

Not at all(0) A little(1) Quite difficult(2) Impossible(3)

A total score of 4 or higher at this point indicates that you might be dependent and that you should consider necessary steps to prevent or reduce problems.

6. Were alcohol or drugs involved in the incident that led to your arrest and/or involvement with this program? Please explain:

7. Was part of your sentence to attend an alcohol or drug program including A.A. or N.A.? Please explain:_____

I acknowledge that I have read this document and the original will be placed in my file.

Client Signature

Date

Program Staff

Date

PROGRAM CONTENT OF TREATMENT

DURING THE TIME YOU ARE ENROLLED IN OUR 52 WEEK CHILD ABUSE TREATMENT PROGRAM, YOU WILL DEAL WITH ALL OF THE FOLLOWING ISSUES ALTHOUGH NOT NECESSARILY IN THIS ORDER.

- Taking responsibility, owning, and re-experiencing your acts of child abuse and or neglect.
- Patterns of violence and abusive behavior.
- Child Abuse laws and consequences.
- Time outs, cool downs, remove yourself from potentially violent situations.
- Anger management and aggressive behavior control.
- Stress Management.
- Conflict resolution.
- Communication skills training.
- Drug and alcohol awareness.
- Personal and cultural attitudes toward parenting issues.
- Cultural and societal basis for violence.
- Substance abuse and it's impact on the abuser and the family system.
- The effects of abuse on children and others, parenting issues and parenting skills development.
- Skills for effective parenting.
- Decision making and problem solving.
- And much more.

I acknowledge that I have read this document and a copy will be placed in my file.

Client Signature

Date

Staff Signature

Date

CHILD ABUSE TREATMENT PROGRAM RELEASE OF INFORMATION

***Please initial each statement ()**

() 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 of information is valid during the term of my probation which ends_____.

I acknowledge the original will be placed in my file.

Client Signature

Staff Signature

Date

Date

LETHALITY ASSESSMENT CHECKLIST

This is designed to examine your thinking and feeling along with your behavior and actions with your child or children. Please check all items that apply to you and circle any that you feel are more significant.

- ___ Call your child names or other derogatory terms.
- ___ Blame your child for the problems in your relationship.
- ___ Obsessed with your child.
- ___ A hostile, angry person in general.
- ___ Threaten or fantasize about homicide or suicide.
- ___ Extremely jealous of your partner.
- ___ Experience a high degree of tension in the family relationship.
- ___ Physically harmed pets or damaged property.
- ___ Have incidents of significant violence in the past.
- ___ Family history of violence.
- ___ Have thoughts or desires of hurting you child or threatened to do so.
- ___ Have access to or ownership of guns or other weapons.
- ___ Use alcohol, amphetamines, or other drugs.
- ___ Violation of protective or restraining orders.
- ___ Acts of abuse or other violence in public.
- ___ Have no desire to change.
- ___ Throw things, hit the wall, hit your child.
- ___ Push, shove, grab at or from your child.
- ___ Slap, kick, bite, or choke your child.
- ___ History of unpredictable behavior.

Please be honest in your answers. This is an important step in realizing, understanding, and changing your behavior patterns.

Client Signature

Date

Program Staff

Date