

Samaritan Counseling Center - CFS Client Information

Date _____

 (Last Name) (First Name) (Middle or Initial)

Date of Birth _____ / _____ / _____ Age _____ **Male** **Female**

Address _____ City _____ Zip _____

Cell/Home Phone _____ OK to call? Alternate phone _____ OK to call?

Email _____ Ok to contact? Ok to receive communication/newsletter?

Who is the responsible billing party? **Children and Family Services**

Name of Parent or legal guardian (if under 18): _____

Demographic Statistical Information

Ethnic Background:		African American	Asian/Pacific Islander	American Indian	Hispanic/Latino
		White/Caucasian	Other/Multi-Racial	Unknown	
Do you attend church? Y N		Name of Church:			
Marital Status: Single Married Separated Divorced Widowed		Other (Specify):			
Total Yearly Household Income:		# of people in your household (including yourself):		# of children living with you under age 18:	

Domestic Violence Classes for Survivors (via Tele-therapy)

Welcome!

Listed below are course guidelines and some important information regarding your informed consent:

<i>Class guidelines:</i>
<ul style="list-style-type: none"><i>• The course is 12 weeks in length and all classes must be completed in order to successfully complete the course and receive a certificate.</i>
<ul style="list-style-type: none"><i>• Participants must sign in and out each week.</i>
<ul style="list-style-type: none"><i>• Tardiness of more than 10 minutes is considered an absence. Virtual zoom class will be locked beginning at 10:10 a.m.</i>
<ul style="list-style-type: none"><i>• Participants are only allowed (2) absences and must complete a make-up class for any missed class.</i>
<ul style="list-style-type: none"><i>• Participants must complete weekly homework assignments.</i>

Confidentiality: Your information as a participant in this course will be kept confidential. As a participant in this class you will receive instruction from trained clinical professionals. These professionals are mandated reporters and must report any suspected incidents of abuse or neglect of children, dependent adults or elder adults as required by law. Participants, for their own privacy and the privacy of other clients, need to be present in the Zoom classroom in a confidential location with a visual of their face on the screen during class (ex. No walking around, no background music or noise). Please see the attached form regarding further information on our privacy practices.

Safety: Participants agree to conduct themselves in a manner that is safe and appropriate. Failure to do so will result in discontinuation of service (ex. no psychoactive substances that would alter ability to focus in class). A referral for other services will be provided. If a client feels they are in danger at any time, they need to refer to their Safety Plan and contact their emergency contact and an appropriate emergency professional number for assistance. The National Domestic Violence hotline number is (800) 799-7233.

By signing below, I am endorsing that I have read the above guidelines and give my consent.

Print Name

Signature (Type Name)

Date



SAMARITAN COUNSELING CENTER

Serving Individuals, Couples, and Families since 1973
Doug McKown, Psy.D., Executive Director

CONSENT FOR RELEASE OF INFORMATION OR RECORDS

This Release is regarding _____ DOB: __/__/__
Clients Name (print)

A. TO ANOTHER PROFESSIONAL OR AGENCY:

I hereby authorize the Samaritan Counseling Center to release information/records regarding the above named client to:

San Bernardino County Children and Family Services

Address

Phone Number

B: TO THIS CENTER:

I hereby authorize Children and Family Services
Name of professional or agency

To release information/records regarding the above named client to the Samaritan Counseling Center, 1126 W Foothill Blvd., Suite 110, Upland, CA 91786.

C: PURPOSES:

These records are all protected by the California Welfare and Institution Code, Section 5328. Disclosure shall be limited to the information specified below:

Check appropriate items:

- | | |
|--|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Psychological assessment/evaluation |
| <input type="checkbox"/> Treatment summary | <input type="checkbox"/> Progress notes |
| <input checked="" type="checkbox"/> Verification of Attendance | <input checked="" type="checkbox"/> Other: Only information necessary for invoice and contract monitoring at any point in time |

D. DATES:

This authorization shall become effective on __/__/__

The consent shall terminate on __/__/__

Note: Unless otherwise stated, this authorization will terminate automatically, one year from the effective date. You also have the right to revoke in writing this authorization at any time. (Except invoice and contract monitoring does not expire)

SIGNATURES:

Date

Client Name (Print)

Witness

Signature Client or Parent/Guardian
(Indicate relationship if client is a minor)



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Domestic Violence Classes for Survivors

Pre-Class Quiz

Welcome!

How much do you know about domestic violence? Take the quiz below to test your base knowledge on domestic violence:

Answer (check one) True or False to the statements below:

1. Domestic violence is not a problem in your community.

True False

2. Couples counseling is recommended for abusive relationships.

True False

3. Sometimes the victim provokes their partner into abusing them.

True False

4. Yelling, putting down or belittling someone is not considered abuse.

True False

5. On average, more than 3 women are murdered by their partners every day.

True False

6. If the abuse was getting too bad, the victim would just leave.

True False

7. The most dangerous time for a victim is often when their partner first lashes out.

True False

8. Everyone deserves respect in a relationship.

True False

9. If children are not being abused and do not witness the abuse, they are not affected.

True False

10. The cost of domestic violence is extremely high to society.

True False

Print Name

Signature

Date



COMPLAINT AND GRIEVANCE PROCEDURE

INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR’S RECORDS.

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

STEP ONE:

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

STEP TWO:

Send a copy of your written complaint or grievance, or discuss the complaint or grievance with your County Caseworker. Write down the date you spoke to your Caseworker or send the complaint and keep it with your copy.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Three.

STEP THREE:

Send a copy of your written complaint or grievance to the Program Specialist. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

HS Program Development Division, Contracts Support Unit
 ATTN: Program Specialist
 825 E. Hospitality Lane, 2nd Floor
 San Bernardino, CA 92415-0079

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Four.

STEP FOUR:

Send a copy of your written complaint or grievance to the Contract Analyst at:
 HS Administrative Support Division, ATTN: Contracts Unit
 150 S. Lena Road
 San Bernardino, CA 92415-0515

You will be contacted within 10 calendar days if you have provided contact information.

Please note: Each of these steps must be completed in the sequence shown.

..... **Detach here**

COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

_____ Client Signature

_____ Date