COOL Program – Domestic Violence

1225 EAST 5TH STREET, WS NC 27101 | 336-776-0322

FORMAT SHEET

Participant Name: apoiuasdf;lkj

Group Assigned: a;lsdkjfas;dlfkj Time: 10:15 Start Date: 12/12/12

1. Format Sheet

- [x] 1.2 Demographics Page
- [x] 1.3 – 1.7 IPVP Assessment
- [ ] 1.8 Program Rules - Participant Agreement
- [ ] 1.9 Focus Treatment Sheet
- [x] 1.10 Participant Consent-HIPAA
- [ ] 1.11 Two Way Consent for Release
- [ ] 1.12 Criminal Background (If available)
- [x] 1.13 Domestic Violence Quiz
- [ ] 1.14 Copy of participant identification
- [ ] 1.15 Program Rules with group assigned (Give a copy to participant after signed)
- [ ] 1.16 Participant attendance Sheet (To be filed in the attendance book)

OFFICE USE ONLY		
Recorded on	Date 12/12/12	Staff Initials apdf
Therapy Note		apdf
Participant Group Attendance Sheet		
P.O and CS Report Log		
Scanned in Database		

Community Intervention & Educational Services Home of The COOL Program

COOL Program — Domestic Violence

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SECTION ONE: YOUR INFORMATION

Name: asdfjas;dlfkjsad;flkj		Date of Birth: 07/10/64	Age: 57
Address: 5730 la sierra drive			Apt#: 57
City: pfaffowtn		State: nc	Zip Code: 12345
Sex: ☐ Male ☑ Female		E-mail address: pfchrysson	
Status: ☐ Single ☐ Married ☐ Divorced ☑ Widowed			
Race: ☐ African American ☐ Asian ☑ Caucasian ☐ Hispanic ☐ Multi Racial ☐ Native American			
Phone Numbers:	Home: (336) 123-4567	Cell: (123) 456-7788	Work: (123) 456-7899
Employer: slkj;klj		Email address: linj@!	
Person to contact for Emergency: stuart		Relationship to you: friend	Phone #: (331) 556-4564
Referral Source: ☐ Criminal Court ☐ Civil Court ☐ Probation/Parole ☐ DSS ☐ Voluntary ☑ Other			
County: ☐ Forsyth ☐ Davie ☐ Davidson ☐ Guilford ☐ Montgomery ☐ Stokes ☑ Surry ☐ Other			
Probation: ☐ Supervised ☐ Unsupervised ☐ PJC ☐ Deferred Prosecution ☑ Not Applicable			
Probation / Court Officer: asdfasdfasd		DSS Case Worker: asdfasdfsdf	

SECTION TWO: CURRENT PARTNER INFORMATION

Name: asdfasdfsdf		Date of Birth: 12/12/45	Age: 105
What is this person's relationship to you?: asdfasdfds			
Address: ;alskdfj;asldkfjsd;lfkjas;lkj			Apt#: a;lskdjf;sadlkfjsd;lk
City: asd;lkfjasd;flkjsd;flkjds klfjlfkjsd		State: KY	Zip Code: 12345
Phone Numbers:	Home: (336) 123-4567	Cell: (236) 456-7899	Work: (123) 456-7899
Employer: asd;lkfjas;dlfkjsd;flkjsd			

SECTION THREE: VICTIM INFORMATION

Name: victim		Date of Birth: 01/01/25	Age: 127
What is this person's relationship to you?: spouse			
Address: a;lsdkfja;sdlfkjsd;lfkj			Apt#: 123
City: cyborg		State: FL	Zip Code: 32165
Phone Numbers:	Home: (456) 789-7456	Cell: (456) 789-1353	Work: (123) 478-9000
Employer:			
Does the victim have a protective order (50B or 50C) against you? ☐ Yes ☐ No			
Are you living with the victim now?: ☑ Yes ☐ No			
If Yes, how long? forever		If no when stop dating / separate: tomorrow	

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INTIMATE PARTNER VIOLENCE PREVENTION ASSESSMENT

Participants Name:	Participant ID#:
Interviewer Name:	Date: 12/12/12

Directions: The questions below provide us with information to better serve you. Please answer each one as completely as possible. It takes most people 30 to 45 minutes to complete. If a question does not apply to your situation, please write "N/A" beside of it. All of your answers will be reviewed by a case manager reviewing the questionnaire; the case manager will ask you additional questions. If you do not understand a question, please ask your case manager interviewer to assist you.

FAMILY/RELATIONSHIP HISTORY

What is the name of the person you are accused of abusing?: suzie

What is your relationship with this person?
☐ Spouse ☑ Girlfriend ☐ Mother ☐ Father ☐ Co-Worker ☐ Intimate Partner

Current contact with victim:
☐ Living with Daily ☐ Several times a week ☑ Weekly ☐ Monthly ☐ Occasionally ☐ None

Are you currently in a relationship with the victim? ☐ Yes ☐ No

Does this person intend to leave or break up with you? ☐ Yes ☑ No

How has your relationship with the victim changed? no

Relationship Status:
☐ Single ☑ Dating ☐ Engaged ☐ Living with ☐ Married ☐ Separated ☐ Divorced ☐ Widower

Name of Current Intimate Partner: gary	How long have you been together? 3 years

How would you describe your current relationship? great

If you are separated from your victim, was the separation due to violence? ☑ Yes ☐ No

Do you have any children? ☑ Yes ☐ No

First/Last Name	Date of Birth	Residence	Relationship to Children
merv	12/12/32	home	dad
olive	10/10/25	home	mom
mary	07/07/55	home	sister

Please list the names of all people that you have had serious relationships with and the dates that you were with them:

First/Last Name	Started	Ended	Relationship Status (dated, lived together, married, separated, divorced)
mary rose	06/22	04/28	living together

EDUCATIONAL HISTORY

What is the highest level of education that you have finished?

Elementary School: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Junior High: ☐ 6 ☐ 7 ☐ 8
High School : ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☑ GED

☑ College/Vocational: hard knowx
Number of years: 6 Graduated: ☐ Yes ☑ No
Major: associate in hard knox

☐ Graduate: _____
Number of years: _____ Graduated: ☐ Yes ☑ No
Major:

Are you enrolled in any schools at this time? ☑ Yes ☐ No Other Training: hard knox

If yes where? anywhere

What is your schedule?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	off	off	8-10	off	10-12	7-5	7-5

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EMPLOYMENT HISTORY

Current Employer: a;sldkfja;sldfkj

Currently: ☐ Full Time ☐ Part Time ☐ Laid-Off ☐ Disabled ☐ Retired ☐ Student ☐ Other

What is your schedule?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	8	5-4	10-12	10-3	5-7	6-9	10-12

Adjustable (list day of week schedule is received) adskjfasdlfkj;asldkfj

How many jobs have you had in the past 5 years? a'sdlkfjsd;lfkjasd;flkj

If you are not currently employed; when were you last employed? as;ldkfjas;dlfkjas;dlfkj

MILITARY SERVICE

Military Experience: ☑ Yes ☐ No	Discharge Date:
Branch of Service: all	Type of Discharge: honorable
Date enlisted or drafted:	Rank at Discharge:
Are you currently in the Reserves? ☑ Yes ☐ No	If yes, what Branch? no

PSYCHIATRIC HISTORY

Are you receiving counseling services at present? ☑ Yes ☐ No

If yes, please briefly describe: doe swpewaaion

Have you received counseling in the past? ☑ Yes ☐ No

If yes, please briefly describe: doe siewpeiaa on

Have you ever been hospitalized for mental health reasons before? ☑ Yes ☐ No

Where	When	How long	What were you treated for?
bates nitel	kast weej	5 nibtgs	borderline personal

Have you ever participated in domestic violence counseling before? ☑ Yes ☐ No

Where? s	When? asdfsdfasdf

Did you complete? ☑ Yes ☐ No

Has depression or anxiety been an issue in the past? ☑ Yes ☐ No If yes, please briefly describe: asdfdsfsdf

Are you currently under a doctor's care for depression/anxiety or any other mental health problem? ☑ Yes ☐ No

If yes, please briefly describe: asdfdsfasdfsdf

Have you experienced life stressors such as: ☐ divorce ☐ chronic illness ☐ death of a loved one ☐ unemployment ☑ other stressors in the past year? If yes, please briefly describe:

MEDICAL HISTORY

Name of your primary care physician? asdfasdfsd

Location: asdfsdf	Phone Number: (321) 654-9877

Are you currently taking any prescription medications? ☐ Yes ☑ No

Drug	Dosage	Frequency	Duration	Reason	Prescribing MD
asdfsda	asdfasd	asdfasd	sdfa	sadfas	sdfasdf

Have you ever been knocked unconscious, suffered from a concussion, or been hospitalized for a head injury? ☐ Yes ☑ No

When:	Treatment received:	Diagnosis:
asdf	asdfs	asdfsd

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Do you have any medical conditions such as: ☐ seizures ☐ heart disease ☐ high blood pressure ☑ diabetes ☐ other chronic conditions? If yes, please describe: all of the above

List any allergies: everything

In the event of a Medical Emergency, who should we contact? no one

Name: paula	Relationship to you: me	
Daytime phone #: (123) 456-7899	Evening phone #: (789) 456-1230	
Address:	Apt # 11	Evening phone #: (123) 456-78
City:	State:	Zip Code: 27000

LEGAL HISTORY

Do you have an Order of Protection against you by the Victim (50B) ☑ Yes ☐ No

Are you involved in any pending cases civil or criminal? ☐ Yes ☐ No

Do you now have, or have you ever had an Order of Protection (50B) placed on you by another person: ☑ Yes ☐ No

Has your current intimate partner ever pressed charges against you for assault? ☐ Yes ☑ No

If yes, please briefly describe asdlkfjasdfkjhas;dklfjsad

Has law enforcement ever come to your home to investigate abuse allegations? ☑ Yes ☐ No

Where you ever arrested, charged, or convicted of domestic violence or assault charges? ☐ Yes ☑ No

If yes, please briefly describe: as;dlf;asdfkj lkajsd ;laksdjf ;slkdfj a;sldfkj sd

Have you ever been charged with a crime prior to this incident? ☑ Yes ☐ No

If yes, please list all charges, convictions and dates of offenses: asd'fkjads;lfkjsd;flkj a;lsdkjf as;dlkfjsad;lkj asd;lfkjsd ;flak

Do you have any pending charges for violation of a court order or violation of conditions of probation? ☑ Yes ☐ No

If yes, please briefly describe: asd;lfkjasd;flkjsadfk a;lkasjdf ;lsadjkf ;lkj

Do you have an attorney for these charges? ☑ Yes ☐ No	Who? brenty

SUBSTANCE ABUSE HISTORY

Have you ever used alcohol? ☑ Yes ☐ No	If so, when was the last time:

If you are not using, how long have you been alcohol-free?

How often do you drink alcoholic beverages? ☐ Daily ☑ 4 to 5 x/week ☐ 2 to 3 x/week ☐ 1 x/week ☐ 2 x/month ☐ 16 # x/year

Have you ever used drugs? ☑ Yes ☐ No	If so, when was the last time? asd

If you are not using, how long have you been drug-free? asdlfkjasd;flkjsadf

How many times have you tried to quit using alcohol or drugs? asd;fkas'd;lfksd;lfkjsad;lfkjasd;fkl

In your life, which of the following controlled substances have you used? ☑ Marijuana ☐ Powder Cocaine ☑ IV Cocaine ☐ Crack Cocaine ☐ Speed (amphetamines) ☑ Downers/Quaaludes/Barbiturates ☑ Angel Dust/PCP ☐ Acid/LSD ☐ Pain pills (Vicodine, Demoral, Codeine, Oxycotine, etc.) ☑ Valium/Xanax (without a prescription) ☐ Inhalants (Gasoline,Whippets, Glue, etc.) ☐ Hallucinogens (Mushrooms, Peyote, Mescaline) ☑ Heroine/Opium ☑ Ecstasy ☐ Ruffies (Rohipnol)

In the past 6 months, which **controlled substances** have you used? asd;lfkjsda;flkjsda

How regularly do you use them ☑ Daily ☐ 4 to 5 x/week ☐ 2 to 3 x/week ☐ 1 x/week ☐ 2 x/month ☐ ____ # x/year

On average, how much do you use?

Have you had legal consequences as a result of your drug and/or alcohol abuse? (e.g. DWI, charged with other crimes while using, stealing to support habit) ☑ Yes ☐ No

Please describe: asdflksdf;lksdjf;laksdjf

Has anyone close to you every expressed concern about your drinking or drug use? ☑ Yes ☐ No If yes, who?

How many times in the last year have you been late to work because you had been using drugs or alcohol? asdlkfj;sdlfkja;sdlfka

Please describe how it affected your work? asdlkfj;sdlfkja;sdlfkasdf;lkas'd;flksd'f;lk

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How did/does your drug or alcohol use affect your home life? a;lksdjf;alsdjkf;sdalkfj

Out of the number of times you have been charged with a crime, how many times were you under the influence of drugs or alcohol? a;lksdjf;alsdjkf;sdalkfj

In the last year, have you ever experienced withdrawal symptoms, such as, the shakes, black outs, or seizures? ☐ Yes ☐ No

Are you currently in a 12-step program? ☐ Yes ☐ No

If so, where and how often do you attend per month? a;lsdkjf;sdlakfjs;adlkfjsa | Name of sponsor: a;lsdkjf;sdlakfjs;adlkfjsa

Have you ever been through a chemical dependency outpatient treatment program, including DWI classes? ☐ Yes ☐ No

Have you ever been through a chemical dependency inpatient or residential treatment program? ☐ Yes ☐ No

HOUSING/COMMUNITY NEEDS

Are you currently in danger of being evicted from your home? ☐ Yes ☐ No

Are you currently homeless? ☐ Yes ☐ No

Do you need a referral to other agencies in the community? ☐ Yes ☐ No If yes, for what reason: a;lsdkjf;sdlakfjs;adlkfjsa

RELIGIOUS/ETHICAL ISSUES

Are you affiliated with a spiritual or religious group ☐ Yes ☐ No If yes, with whom?

How important to you are spiritual matters? ☐ Not ☐ Little ☐ Moderate ☐ Much

SUICIDAL/HOMICIDAL RISK

Have you noted and increase in depression? ☐ Yes ☐ No

Have you been involved in more risk-taking behaviors in the past 6 months? ☐ Yes ☐ No If yes, please describe: a;lsdkjf;

Have you had serious and persistent thoughts regarding suicide or hurting yourself in any way? ☐ Yes ☐ No
If yes, please describe: a;lsdkjf;sdlakfjs;adlkfjsa

Are you currently feeling suicidal? ☐ Yes ☐ No If yes, please describe:

Have you had serious or continuous thoughts of harming or killing another person? ☑ Yes ☐ No
If yes, please describe: a;lsdkjf;sdlakfjs;adlkfjsa

Do you have intentions of harming or killing another person? ☐ Yes ☑ No if yes, please describe: asdfasdfsdf

TRAUMA/ABUSE HISTORY

What circumstance(s) affected your life as a child? ☑ Abuse ☑ Violence ☑ Poverty ☑ Parental death ☑ Other, specify:

Were you ever mistreated as a child? ☐ Yes ☐ No

Were you abused: (Check all that apply) ☑ verbally ☑ emotionally ☑ physically ☑ sexually

By whom: asdfsdf	Frequency: asdfsadf	Severity: asdfsdf	Duration: sdfsdf

Was physical violence part of your parent(s)'s, guardian(s)'s relationship? ☐ Yes ☐ No

Between whom: asdfasd	Please describe: sadfsdf

How long have you been in a relationship with your partner? asdfsdfa

What do you and your partner do when you disagree? asdfdsfasd

What do you do when you become angry? asdfdsfa

What was the last incident of any other kind of mental, emotional, or psychological abuse toward your partner?

Date: 12/12/12	Please describe: asdfasdfsdf

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Please check which of the following behaviors you have done to your present intimate partner or any partner in the past:		
☐ Argued with her/him	☑ Criticized her/him	☑ Called her/him ugly names
☐ Threatened to leave her/him	☐ Threatened to take the children	☐ Threatened to have an affair
☐ Kept track of her/his time	☑ Threatened to harm pets	☐ Threatened to harm others
☐ Threatened to harm her/him	☐ Threatened with a weapon	☐ Driven recklessly
☐ Thrown or broken things	☐ Harmed pets	☐ Held captive against her/his will
☐ Harassed by phone/email	☑ Monitored email or phone messages	☐ Grabbed her/him
☐ Accused her/him of being unfaithful	☐ Restrained her/him	☐ Pulled her/his hair
☐ Carried or picked up against her/his will	☐ Spit at or on her/him	☐ Pushed her/him
☐ Slapped/Hit/Punched her/him	☐ Kicked or stomped on her/him	☐ Forced her/him to have sex
☐ Hit her/him with something	☐ Strangled her/him	☐ Stabbed her/him
☐ Followed her/him	☐ Done surveillance her/him	☑ Threatened to burn down the residence
☑ Other:		
Has your intimate partner(s) ever sought medical attention for injuries after a fight with you? ☑ Yes ☐ No		
What were her/his injuries?		
Has domestic violence occurred between you and other intimate partners? ☐ Yes ☐ No		
How many relationships and how many times?		
What is the worst injury you have ever caused to anyone?		
Do you have access to firearms? ☐ Yes ☐ NoList any weapons that you own:		
As an adult, have you been physically violent to any of the following? ☐ Parents ☐ Friends ☐ Cops ☐ In-Laws ☐ Strangers ☐ Siblings ☐ Health Care Providers ☐ Children		
If yes, please describe:		
Do you and your intimate partner have disagreements about sex? ☐ Yes ☐ No		
If yes, please describe:		
Have you forced your intimate partner to have sex or perform sexual acts against her/his will? ☐ Yes ☐ No		
If yes, please describe:		
Please describe the incident which led you to contact us:		
Do you associate with other friends or co-workers, who encourage or endorse abuse to their intimate partners? ☐ Yes ☐ No		
Have you ever intentionally inflicted injury or killed a pet? ☐ Yes ☐ No Please describe:		
How would you describe your relationship with your children? (Put N/A if not applicable):		
Do you think the children are impacted when they see or hear you and your intimate partner arguing or fighting? ☐ Yes ☐ No Describe their reaction:		
Have your children ever had to come between you and your partner during an argument or fight? ☐ Yes ☐ No Describe what happened:		

How do you discipline your children?	☐ Not applicable	☐ Put in a corner	☐ Time Out	☐ Restrict phone	
☐ Restrict to house	☐ Talk & explain rule	☐ Shaking	☐ Take away toys/TV/games	☐ Scold	☐ Yell
☐ Restrict friends	☐ Slapping	☐ Hitting/Punching	☐ Kicking	☐ Hit with objects	☐ Spanking
☐ Other:					

Is the Department of Social Services or Child Protective Services (CPS) currently involved in your family? ☐ Yes ☐ No		
If yes, for what reason:		
CPS worker:	County:	Phone:
Has CPS been involved with your family in the past? ☐ Yes ☐ No If yes, please explain when and for what reason:		

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INTIMATE PARTNER VIOLENCE PREVENTION PROGRAM

The IPVP program is approved by the North Carolina Department of Administration to provide psycho-educational services to domestic violence offenders. The program is designed to hold offenders accountable: challenging their beliefs, teach new skills to help offenders change their behavior, provide role models while educating offenders about non-controlling behaviors, and confront collusion, and victim blaming by offenders and others. Community Intervention and Educational Services heightens public awareness by making information available in the community and coordinating services including referrals to other agencies for needed services.

BY SIGNING THE LINE, THE PARTICIPANT IN THE COOL PROGRAM AGREE TO THE FOLLOWING POLICIES:

	PROGRAM FEE POLICIES
A	The INTAKE ASSESSMENT FEE must be paid by participant at the time of interview. **It is non-refundable $40.00**
B	Pay $20 per session due at the beginning of each session group.
C	No participant will be allowed to carry a balance greater than **$45**. Participants will not be allowed to attend the group session and will be counted absent if their participation would cause a balance greater than $45.
D	There must be a ZERO BALANCE at the last group or participants will not be allowed to attend and will be counted absent
E	If you are **convicted of a new domestic violence charge** or **have been absent for 90 or more days**, you must start all over again. (**Which means paying fee over again**)!!!! **No exemption will be made**
	PROGRAM ATTENDANCE POLICY
A	ONLY 3 ABSENCES will be allowed a 4th missed class will result in staffing to determine participant status in the program
B	Participants arriving after their group start time will not be allowed to disrupt group and will be counted absent
C	Participants must complete 26 weekly group sessions lasting 90 minutes per session and an exit interview. This does not include the intake assessment. All sessions must be completed to gain credit for completion of the program.
	PROGRAM PARTICIPATION POLICIES
A	I, _____ will talk about my use of violence and/or abusive behaviors, and accept responsibility for my actions
B	Participate in discussions and satisfactorily complete all assignments
C	Be respectful and considerate of all participants and staf, turn off all electronic devices. No dark sunglasses (RX only). No weapons of any kind.
D	Participants will not be allowed to attend any program sessions under the influence of drugs/alcohol. If substance abuse is suspected to be a problem then a staff person will recommend that a substance abuse evaluation be completed. The participant must comply with all treatment recommendations.
E	I, _____ agree not to be violent, intimidate, stalk, or harass any person while the program and advise program staff of any further police contact, service of a protection order, or any new or pending charges. I understand and agree that I will be terminated immediately from the program.
F	Circumstances and behaviors that elevate risk to the victim may result in offenders bring discharged from the ipvp program.
G	Advise the group facilitator of any change of address, telephone number, and employment.
H	Respect confidentiality-participants must not share information about ipvp program participant outside the group setting
I	Comply with all recomnedations, which may include mental health and/or substance treatment. Medical referrals will be made as needed.
	REPORTING POLICIES
A	The State of North Carolina requires that the program make an effort to contact the partcipant's partner and/or victim to gather a history of abuse, and to offer services to him or her.
B	Relevant officials from various community systems (e.g. the court, the district attorney's office, pre-trial/day reporting program, community service, probation/parole, department of social services, step one, etc) will be informed whether or not I am complying with the IPVP program expectations.
C	Any charges with these terms must first be discussed with ipvp program staff community interention and environmental services has the right to suspend or drop anyone from the program who is not complying with all terms of this agreement.

Signature of Participant:_____ Date: _____

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Client Name _____

Therapist _____

Focus of Treatment _____

GOALS/INTERVENTION

1. Clarifications of goals and development of a focused treatment plan.
   - ☐ Rapport building
2. Recognize cause and effect of behavior
   - ☐ Examine and assume responsibility for behavior
   - ☐ Identify Abusive behaviors
   - ☐ Breaking through denial of responsibility
   - ☐ Be accountable for behavior
   - ☐ Decrease denying, blaming, and justification of statements and beliefs
3. Demonstrate understanding the cycle of abuse and abusive behaviors
4. Recognize the difference between comfortable and uncomfortable feelings
   - ☐ Identify the source of uncomfortable feelings, and how to avoid them
   - ☐ Recognize escalating behaviors
   - ☐ Demonstrate the appropriate expression of uncomfortable feelings, and avoiding them
5. Learn pro-social attitudes about men and women
   - ☐ Recognize the harmful impact of sex role stereotypes
6. Demonstrate the understanding of drug and alcohol use in relationships
   - ☐ Examine the physical effects of drugs and alcohol
   - ☐ Devise ways to resist peer pressure
   - ☐ Recognize safe vs. unsafe substances
7. Adapt beliefs and value systems that lead to choosing non-abusive behavior
   - ☐ Practice dealing with conflict and getting along with other people
   - ☐ Learn appropriate responses to criticism
8. Explore how different choices are made
   - ☐ Strive for solutions to problems
   - ☐ Demonstrate effective use of time, effort, and resources when making effective decisions
9. Demonstrate the understanding the effect of Domestic Violence have on children
   - ☐ Learn to practice new problem-solving skills with children
   - ☐ Work on non-violent relationships with partner
   - ☐ Learn methods of non-violent discipline
10. Develop or improve support system
    - ☐ Acknowledge that change is unavoidable and prepare for it
    - ☐ Set realistic, educational, and personal goals
    - ☐ Learn how to cope with personal loss
    - ☐ Learn how to manage stress appropriately
    - ☐ Identify interest and skills that you would like to pursue
11. Recognize and show respect for individual differences
    - ☐ Demonstrate assertive communication skills
12. Practice dealing with conflict, and getting along with other people
    - ☐ Stop any further acts of Domestic Violence

Client Signature _____ Date _____

Therapist/Case Manager Signature _____ Date _____

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PARTICIPANT HIPAA CONSENT FORM

I give my consent for Community Intervention and Educational Services to complete an evaluation/assessment and provide appropriate treatment services. I reserve the right to withdraw the consent for evaluation/assessment, or refuse treatment at any time. I give permission to secure emergency medical treatment if necessary. I understand that my signature does not waive my legal rights, including the release of the agency or its agent for negligence liability.

My rights as a Participant were explained to me and a written copy of these rights was given to me on this date. Additionally, my health information rights were explained to me and a written copy of these rights was given to me on this date.

It is the policy of Community Intervention and Educational Services that the Participants receive appropriate treatment and continuity of care. In order to fulfill this, information may be shared between Community Intervention and Educational Services agency programs. This data is contained in a record system for statistical and program planning purposes. North Carolina statutes and current precedent prohibit certain types of information from remaining confidential and impose a duty on the recipient of such information to report it to the appropriate authorities.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected under federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless the patient consents in writing, the disclosure is allowed by a court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of federal law and regulation by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-3 and 42 USC290ee-3 for federal laws and 42 CFR Pan 2 for federal regulations).

As a participant in the Intimate Partner Violence Prevention Program, it is necessary that limited information be exchanged between PSS and the party(s) which referred you to CIES. This information may include, but is not limited to:

1. Assessment information
2. Attendance in program sessions
3. Balance information
4. Expected completion date

I realize that I am not required to give my consent to release this information, but that without this information, the service provided by Community Intervention will be limited. This agreement may be withdrawn, (preferably through a written request from the Participant), but that any information already released will not be affected. These limitations have been explained to me and I understand them fully.

As a participant in the COOL program I give my consent to release information to the below named referring body

As a participant in the COOL program I give my consent to release information regarding my participation to _____ who is listed as the victim in my court referred case.

The purpose of this information exchange is to ensure compliance with the orders of your referring body as well as the treatment recommendations of Piedmont Support Services.

Referring Body:

The above information has been fully explained to me and I certify that I understand its contents.

Participant Name (Print or type)	Participant Signature	Date

COOL Program – Domestic Violence

1225 EAST 5TH STREET, WS NC 27101 | 336-776-0322

TWO WAY CONSENT FOR RELEASE

Information to be released by:

Agency/School/Persons: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

Information to be released to:

Agency/School/Persons: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

☐ I also give my permission for the exchange of information (oral and/or written) between the above named agencies/schools/persons.

Print Name: _____

Signature of Participant: _____ Date: _____

CIES Caseworker Name (print): _____

CIES Caseworker Name (Signature): _____ Date: _____

COOL Program – Domestic Violence

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DOMESTIC VIOLENCE QUIZ

True/False: Test your dating violence knowledge by answering the **True/False** questions below (check one)

1. **Dating violence is rare among high school students, college students, and other educated people.** ☐ True ☐ False
2. **When someone decides to leave an abusive relationship, the abuse usually ends.** ☐ True ☐ False
3. **Drug and/or alcohol abuse is often a factor in dating violence incidents.** ☐ True ☐ False
4. **The best way to get a friend to leave an abusive relationship is to "cut ties" with them.** ☐ True ☐ False
5. **If violence occurs once in a dating relationship is it likely to happen again.** ☐ True ☑ False
6. **Police hardly make arrests in dating violence situations.** ☐ True ☑ False

Multiple Choice: You can have more than one correct answer (check all that apply)

7. **What kind of behavior would be considered a sign of relationship abuse?**
   - ☐ Your partner decides to take a nap while you're talking about something important
   - ☐ Your partner tells you that you are fat and / or ugly
   - ☐ Your partner lets you know that he / she doesn't like it when you "flirt" with other people
   - ☐ You're considered a vegetarian and your partner makes you eat at a restaurant without a veggie menu

8. **What is a good way to help a friend in an abusive relationship?**
   - ☐ Offer to beat up your friend's partner
   - ☐ Offer to burn down your friend's partner house
   - ☐ Listen when your friend wants to talk about the relationship

9. **True love is .....**
   - ☐ Never having to say "I'm sorry"
   - ☐ Feeling that your partner needs are just as important as your own
   - ☐ When your partner is jealous and possessive proves that he / she loves you
   - ☐ When you and your partner spend all your time together

10. **Why do people abuse their partners?**
    - ☐ The abuser drink too much alcohol, and can't control him/herself when drunk
    - ☐ The partner makes the abuser so angry
    - ☐ The abuser wants to control the partner
    - ☐ They don't have much money, which causes stress in the relationship

11. **Which of the behaviors would be considered a sign of dating violence?**
    - ☐ You and your partner are arguing, and they keep swerving into oncoming traffic until you agree
    - ☐ When you decide to leave the relationship and your partner threatens to commit suicide, because they can't live without you
    - ☐ You have an argument about what to do on a Friday night, so you decide to spend the evening alone without speaking until the next day
    - ☐ After going out with your friend on a Friday night your partner accuses you of cheating

COOL Program – Domestic Violence

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GROUP RULE FOR DOMESTIC VIOLENCE CLASSES

Today's Date: _____ **YOUR COPY!! (Give to client)**

1. Must complete 26 sessions. **STATE RULES! NOT OURS!**
2. Only allowed to **miss 3 Sessions** (please use this wisely!). **ALL MISSED SESSIONS MUST BE MADE UP.**
3. You can only attend **one session per week**.
4. You are **NOT ALLOWED TO SWITCH** from group to group.
5. Please arrive at least **10 minutes prior to class time**. If you arrive late, you will not be allowed to attend the group and will be marked absent.
6. **Fee is $20 per class.** Total for 26 classes is $520. Payments may be made in advance or in increments at the time of each class.
7. **Assessment fee is $40. (It is non-refundable)**
8. **You cannot go over owing $45** and must be caught up before continuing attending to the group. We accept cash, credit / debit and check.
9. Each class lasts one hour and 30 minutes. **You must stay for the entire class.**
10. Cell phones must be turned off and put away. **No texting!**
11. Come to class **free of the influence of alcohol or illegal drugs.**
12. Do not use racist or sexist language, or wear clothing with disregarding messages during class.
13. You must remain non-violent and must not use threats while involved with DAIP.
14. **You must participate** in class discussions and cooperate with DAIP staff.
15. You should refer to your partner or ex-partner by his / her first name.
16. **You will accept responsibility for your actions**, and focus on yourself.
17. **You will be respectful** to staff and other participants.
18. **Remember confidentiality!** Anything that is said or done in class must stay in class!!!
19. If you are **convicted of a new domestic violence charge** or **have been absent for 90 days or more**, you **MUST START ALL OVER AGAIN (WHICH MEANS PAYING FEES OVER AGAIN)! No exemptions.**
20. Please let us know if your probation officer or any contact information have changed so reporting can be done. It is your responsibility!!!
21. **You are here to address your issues in regard to domestic violence, not your partner's!!!**
22. **ATTENDANCE:** You are responsible for signing in at each class.
23. Any individual conversations between staff and yourself, does not need to be shared with others in the group!

Main Office Line: 336-776-0322 Website: **www.PSSofNC.com**

Men Group Option

Tuesday: 6 p.m. – 7:30 p.m.
Thursday: 10 – 11:30 a.m.
Thursday: 6 p.m. – 7:30 p.m.
Saturday: 11 a.m. – 12:30 p.m.

Women Group Option

Monday: 12 Noon – 1:30 p.m.
Thursday: 5:30 – 7 p.m.
Saturday: 9:30 – 11 a.m.

Group Day: _____ Start Date: _____ Time: _____

Community Intervention & Educational Services Home of The COOL Program

COOL Program – Domestic Violence

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PARTICIPANT SIGN-IN SHEET

Start Date: _____ Group _____ Time: _____

Client Name: _____ Phone: (_____) _____

Email Address: _____

☐ P.O ☐ C.S. ☐ DSS ☐ Attorney Name: _____

	Date of Session	Present ?	Amount Paid	Notes	Staff Initials
Intake		☐ Yes ☐ No			
1		☐ Yes ☐ No			
2		☐ Yes ☐ No			
3		☐ Yes ☐ No			
4		☐ Yes ☐ No			
5		☐ Yes ☐ No			
6		☐ Yes ☐ No			
7		☐ Yes ☐ No			
8		☐ Yes ☐ No			
9		☐ Yes ☐ No			
10		☐ Yes ☐ No			
11		☐ Yes ☐ No			
12		☐ Yes ☐ No			
13		☐ Yes ☐ No			
14		☐ Yes ☐ No			
15		☐ Yes ☐ No			
16		☐ Yes ☐ No			
17		☐ Yes ☐ No			
18		☐ Yes ☐ No			
19		☐ Yes ☐ No			
20		☐ Yes ☐ No			
21		☐ Yes ☐ No			
22		☐ Yes ☐ No			
23		☐ Yes ☐ No			
24		☐ Yes ☐ No			
25		☐ Yes ☐ No			
26		☐ Yes ☐ No		**LAST SESSION IF NO ABSENCES**	
Total Attended:		**Total Paid:**		**Exit Interview Date:**	

Program Requirement = Assessment Interview + 26 Group Sessions

Program Name: DV / COOL Facilitator Name: _____