

ONCE A CHILD

7911 Broadway ♦ San Antonio ♦ Texas ♦ 78209 ♦ (210)930-3669

CONTRACT FOR PARTICIPATION

Printed Name _____

(First)

(Middle)

(Last)

Please read and initial:

_____ I was referred by probation parole pre-trial CPS/DFPS Other _____ to participate in the FVPS, Inc. Once A Child Program.

_____ I understand that a requirement for participation in the FVPS, Inc. Once A Child Program includes talking about my use of violence and/or abusive behavior and accepting responsibility for it.

_____ I agree to attend a **minimum** of 15 group sessions (1.5 hours/week, once a week) at: 7911 Broadway, SA, TX 78209
Group sessions meet at (day/time) _____ starting _____. Your
facilitator is _____ and can be reached at (210)930-3669, ext. _____.

_____ I agree to contact FVPS, Inc. Once A Child Program if I will be absent and I must make up any sessions missed. I understand that I am responsible for scheduling makeup sessions. I may not miss more than two week's sessions during my participation in the program. **My third absence may result in an Exit** and, if court ordered, referral back to the court.

_____ I understand that there will be a \$5.00 notary for sworn statements, if I don't know the victim's address.

_____ I understand that my session **will not count (DNC)** (and I will have to make it up) **or I may be exited from program** if I create disruptions inside or outside the group room, or forget my homework.

_____ I understand that if I **do not** put my cell phone in the basket and I use my cell phone during session or anywhere in the building during session **my session will not count (DNC) or I will be Automatically be Exited from the program.**

_____ I understand that if I accumulate **2 DNC's** (Does Not Count) I will be exited from the program.

_____ I understand that I am allowed **only 1** permanent transfer during the program.

_____ I understand that if I am more than 14 minutes late, I will not be able to attend my session and will be given an absence or will need to attend a makeup session.

_____ I understand my facilitators will report my attendance, any acts of violence, an evaluation of my progress and reported acts of new violence to my referral source monthly. FVPS, Inc. Once A Child Program may also report any comments or behaviors that seriously detract from other participants' ability to learn. FVPS, Inc. Case files are subject for subpoena. **Any violations of Conditions of Probation, Program Rules, or Civil Protection Orders are grounds for additional sessions, suspension or termination from this program.**

_____ I understand that FVPS, Inc. Once A Child Program will contact (victim) _____ to provide them with the name of the facilitator. They will be informed of my registration, termination or completion of my involvement with the Once A Child. They will also be offered services from our agency.

_____ I agree to notify FVPS, Inc. Once A Child Program of any changes of address and telephone number. It is my responsibility to keep that information current.

_____ I agree to notify FVPS, Inc. Once A Child Program of any further police contact, service of a protection order, or any new or pending charges.

_____ I understand that FVPS, Inc. Once A Child Program is required to report any suspected act of child abuse or neglect, any concern for my safety or the safety of others, or reports of further violence.

_____ I agree not to use violence with any person during my participation in the FVPS, Inc. Once A Child Program nonviolence education program, and if I do it can result in additional sessions or termination from this program.

_____ I agree not to abuse alcohol or prescription drugs and I agree not to use illegal drugs while enrolled in the FVPS, Inc. Once A Child Program.

_____ I understand that participation in Once A Child program does not guarantee that I will be eligible for reunification with my child or granted rights to visitation with my child.

_____ I understand that I must dress appropriately and avoid wearing suggestive or revealing clothing. Spaghetti strap blouses, muscle shirts, any shirt/blouse without sleeves, t-shirts with inappropriate pictures and/or phrases are not allowed. Jeans or shorts with tears above the thigh are not allowed. Knee length shorts, skirts and dresses are appropriate. No hats, baseball caps, beanies, hoodies, or sunglasses will cover my face or eyes. Please refrain from wearing perfumes and lotions that contain a strong odor due to the possibility of allergies that anyone you come into contact with may have.

I have read this contract in full and I understand my requirements with the FVPS, Inc. Once A Child Program.

Participant's Signature

Facilitator's Signature LPC Intern

Participant's Printed Name

Facilitator's Printed Name

Date

Date

Supervised by:

ONCE A CHILD

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PARTICIPANT INFORMATION

First Name	MI	Last Name	Suffix:	Date / /
Address			Referral Date	/ /
City	State		Zip Code	
Home Phone ()	Cell Phone ()			
Email:				Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	Date of Birth / /		How old are you?	
SID #	State ID Card # or Driver's License #			State

Gender Male Female Transgender Male Transgender Female Intersex Other _____

Sexual Orientation Heterosexual (Straight) Homosexual (Gay) Bisexual Other _____

How do you describe your ethnic background? Caucasian African-American Hispanic Other _____

Preferred Language English Spanish Deaf Signing Required Other _____

Have you served in the US Military? Yes No

If yes, what type of Military Service? Active Reserve Inactive Reserve National Guard Veteran
 Dishonorable Discharge Retired Military Military Dependent

Do you have possession of, access to, or a history of using weapons? Yes No

Have you ever thought of hurting or killing yourself? Yes No If so, when? _____

Have you ever thought of hurting or killing someone else? Yes No If so, when? _____

Have you ever tried to kill yourself? Yes No If so, when? _____

Are you currently taken any prescribed medications? Yes No

If so, please list.

What are the medications for? _____

Have you been involved with Family Violence Prevention Services (FVPS), Inc. before? Yes No

If yes, how many times? _____ If yes, when? _____

Are you receiving any other services from FVPS, Inc.? Yes No If yes, what? _____

Household Income: \$0-\$9,999 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,000 \$40,000-\$49,999
 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$89,999 \$90,000-\$99,999 \$100,000 +

- Highest education level completed: Less than high school (grade 0-8) Some high school (grade 9-12)
 High school graduate or GED Attended Vocational, trade or business school after high school
 College- less than 2 years College- 2 + years, no degree College Bachelor degree
 College post graduate classes, no degree Graduate or Professional degree- MA, MS, PhD, EdD, PsyD, MD, JD

How Many dependent's do you have? _____ Do you currently reside with your children? Yes No
 Please, tell us more about your children:

Child's Name	Age	Relationship to you

LAW ENFORCEMENT/COURT INVOLVEMENT

- Do you have any current law enforcement involvement? Yes No
 Were you arrested for the most recent incident? Yes No
 Have you been arrested in the past for a violent crime? Yes No
 Have you ever been convicted of a sex offense? Yes No

If you answered yes to any of the above, please describe: _____

SUBSTANCE USE

Please describe your current alcohol/drug use: _____

- What Substances have you **ever** used? Alcohol Marijuana Cocaine/Crack Methamphetamines
 Heroin Hallucinogenic (mushrooms, LSD, etc.) Benzos Other

- Do you think your current alcohol/drug use is excessive? Yes No
 Have you ever had a chemical dependency or alcohol assessment? Yes No
 Have you ever been to chemical dependency or alcohol treatment? Yes No
 Did you complete that treatment? Yes No N/A

When you were growing up, where did you hear or witness violence?

- Home School Foster Home Other
 Streets Correctional Facility Treatment Center N/A

Describe the violence _____

When you were growing up, did you ever use violence against others? Yes No If yes, describe below:

- In your family In your neighborhood School Other
 On the street Sports Gangs

Describe the act _____

Please describe in detail the violent/abusive actions toward your children, partner, or family member in the incident that you were referred to FVPS, Inc. for:

Please describe in detail the worst violence you have committed: _____

Have you **EVER** used any of the following behaviors?

PHYSICAL ABUSE

(Examples; Pushing, Punching, Slapping, Biting, Strangulation, Spanking, Hitting, Pinching, Restraining, throwing objects at, Spiting on, Pulling Hair, Using weapons on, etc.)

Please describe (include how many times):

INTIMIDATION

(Examples; Yelling, Destroying Property, Displaying Weapons, Smashing things, Screaming, Giving certain looks, Using certain gestures, etc.)

Have your children ever been afraid of you? Yes No Has your children's mother ever been afraid of you? Yes No

Describe: _____

EMOTIONAL ABUSE

(Examples; Name Calling, Degrading them, Humiliating them, Putting them Down, Interrupting eating or sleeping, Guilt-tripping, Gaslighting, etc.)

Describe: _____

ISOLATION

(Examples; preventing them from being around family or friends, listening into their conversations, tracking their location, etc.)

Describe: _____

MINIMIZING, DENYING, BLAMING

(Examples; Making light of the abuse, saying it didn't happen, blaming the co-parent or your partner, telling them it's their fault, etc.)

Describe: _____

USING CHILDREN

(Examples; Telling the children your co-parent isn't a good parent, Threatening to take the children away, using visitation to harass the co-parent, etc.)

Describe: _____

PRIVILEGE

(Example; Treated partner like a servant, Bossed partner around, Not shared child care, Acted like the head of the household, Not done fair share of housework, Told partner what their role/job is, Made household rules without partner’s input, etc.)

Describe:

ECONOMIC ABUSE

(Example; Prevented partner from working outside the home, not paid child support, Made major financial decisions without partner’s input, Kept the checkbook/debit card/money from partner, made partner/co-parent ask for money, etc)

Describe:

COERCION AND THREATS

(Example; Threatening Harm, Making them do something illegal, Threatening their family or friends, etc.)

Describe:

SEXUAL ABUSE

(Examples; Pressuring or Forcing your partner to have sex with you, Pressuring someone to watch pornography, touching others inappropriately, etc.)

Describe:

When was the last incident of any kind of abuse toward your partner, children, and/or family member?

Describe:

DID THE EXPERIENCES LISTED BELOW EVER HAPPEN IN YOUR RELATIONSHIP WITH YOUR PARTNER?

Has your current or former partner ever tried to get outside help because of abuse? Yes No

Have you ever hit, pushed, or shoved partner while she was pregnant? Yes No N/A

Have you ever been to counseling for abusive behavior? Yes No When? _____

Have you ever had a Protective order put in place against you? Yes No If yes, when? _____

Have you ever threatened to kill your partner? Yes No

Have you ever threatened or used a gun or other weapon against your partner or another family member? Yes No

Have you ever injured or killed a pet? Yes No

THIS SECTION ASKS ABOUT THE EFFECTS OF VIOLENCE ON THE CHILDREN IN YOUR HOUSEHOLD

Have the children in your household ever seen you be violent? Yes No N/A

Describe how they reacted: _____

Have you ever been alleged or convicted of abuse or neglect toward a child? Yes No If yes, When? _____

Describe: _____

Have you ever been violent when you believed children in your household were sleeping? Yes No N/A

How do you think your violence impacted children in your household? Examples include:

- They tried to stop your violence
- Hiding or running away
- They are frightened by the violence
- Copying violence
- Other behaviors

Describe: _____

Have you ever been/ are you currently involved with Child Protective Services? Yes No If yes, When? _____

Have you ever decided to stop using violence in the past? Yes No

Household Composition: 2 Parent Household Single Parent Household Individual (no children)
 Couple (no children) Other (describe) _____

How many household members do you currently have? _____

What areas do you want help with, in regards to your parenting?

- Co-parenting
- Parenting Styles
- Step-Parenting
- Remarriage
- Dating
- Grandparents
- Other Relatives
- Parenting Relationship
- Custody
- Moving
- House Rules
- Children-Schooling
- Children- Behaviors
- Children- Health/Disability
- Boundaries between homes
- Other: _____

What strengths do you have as a parent? _____

What strengths does your co-parent have as a parent? _____

What concerns do you have, in regards to your children or parenting? _____

What behaviors do your children have that are disruptive or troublesome? _____

Do any of your children have special needs or display signs of anxiety, depression, or other mental health diagnoses?

How would you rate your co-parenting relationship right now (select one)?

Lowest Conflict 1 2 3 4 5 6 7 8 9 10 Highest Conflict

What positive changes do you want to implement while in the program? Write 3 changes you would like to implement.

1.

2.

3.

Who lives in the household with your children?

What is the custody arrangement with your children?

Do you think this program will help you understand the impact of your use of violence on children? Yes No

Participant's Signature: _____ Date: _____

Printed Name: _____

Registration Facilitator's Signature: _____ Date: _____

Printed Name: _____

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CONSENT FOR RELEASE OF INFORMATION

FVPS, Inc. Once A Child Program staff will contact my referral source (including, but not limited to a court/judge, probation office, parole office, pre-trial office, Child Protective Services [CPS], Crisis Response Team [CRT], district or county or municipal attorney, bonding agency, or other referring source) and share with my referring source information about my compliance with the terms of participation in Once A Child. If a program staff is subpoenaed, they will have to report to court and communicate programmatic information to the judge. My case file with FVPS, Inc. is subject to subpoena.

I hereby authorize information to be released to my referral source, the assault victim, and my past and/or current partner. I hereby authorize FVPS and its staff to release information to any person or entity appearing to be a referral source to include all of the following persons:

Assault Victim's Name: _____ Age: _____

Current mailing Address: _____

House/Apt. Number	Street	City	Zip Code
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Phone Number – include area code: _____

I do not know and am unable to obtain the victim's contact information (INITIAL HERE) _____

Current Partner's Name: _____

Current Mailing Address: _____

House/Apt. Number	Street	City	Zip Code
-------------------	--------	------	----------

Phone Number – include area code: _____

I Currently Reside with my current partner Yes No

Referral Source's Name: _____

Phone Number – include area code: _____

Email: _____

Referral sources change from time-to-time and as such this includes a general release for any person or entity appearing to be a referral source. CPS caseworker, attorney, relatives, and so on: Because CPS caseworkers change from time-to-time, this includes a general release for any CPS caseworker/employee.

I understand that the information discussed with the person(s) listed above will include: reflections of parenting strengths and weaknesses, past or on-going violence, my capacity for further violence, program information, compliance or non-compliance with my responsibilities as a participant in the program, and evaluations that result in referrals for services. My consent for release of information will be effective for six months from the date of the last meeting.

MEDICAL RELEASE:

In the event that I require medical treatment while on the premises of FVPS, and FVPS is unable to reach me or communicate with me at the time the medical treatment is required, I hereby authorize FVPS, to take or arrange for transportation for myself and/or my children to such hospital or emergency medical facilities as FVPS may deem appropriate. I am solely responsible for all fees and charges for emergency services (such as transportation by ambulance) and/or hospital/doctor/medical provider charges.

EMERGENCY CONTACT:

I authorize FVPS to contact the following person(s) in the event of an emergency:

Name:

Phone:

Relationship:

For and in consideration of the services provided to me (participant) by the Family Violence Prevention Services, Inc., (FVPS), **I hereby release, acquit and forever discharge the FVPS**, its directors, officers, agents, servants, volunteers, and/or employees, from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise which I, my heirs, successors, or assigns, or my child/children, have or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees form any kind and character of claim or cause of action, past, present or future, or in other loss or demand of any kind whatsoever resulting from any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees.

I acknowledge that I have read and understood the conditions of the FVPS's Once A Child agreement, and I agree to comply with the rules of the Once A Child Program agreement as a condition to complete this program.

This document was read verbatim to the participant.

Participant's Signature

Facilitator's Signature:

LPC Intern

Date

Date

Supervised by:

Once A Child
CAGE: If two positive responses are made use RAPS, below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt you should cut down on your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have people annoyed you by criticizing your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever felt bad or guilty about your drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (i.e., as an eye-opener)?

RAPS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sometimes take a drink in the morning when you first get up?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you had a feeling of guilt or remorse after drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you failed to do what was normally expected of you because of drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	During the past year, have you lost friends or girlfriends or boyfriends because of drinking?

INDIVIDUALIZED PLAN:

- Attend 15 Week Once A Child Program
- Alcohol/drug referral: If at least two positive responses are made to the CAGE and at least one positive response is made to the RAPS a referral letter will be sent to the referral source. Inform the participant that his participation in an alcohol/drug program is encouraged but is **not** required to continue in Once A Child.
- BIPP referral. If needed, send to referral source.
- Individual meetings required prior to starting group meetings? Yes No
- Other referrals needed: _____

ADDITIONAL INFORMATION:

- Other court orders: Protective Order Child Support Visitation Other: _____
- Reviewed agreement with participant (including Program Rules) and gave participant copy of agreement/program rules
- Talked about expectations in Once A Child
- Are they still in relationship with the co-parent? Yes No
- Needs accommodation due to disabilities? Yes No If yes, describe _____
- All agreement and social assessment blanks filled in properly
- Facilitator and participant signature on agreement and on program rules

COMMENTS:

Facilitator's Signature

Date

Facilitator's Printed Name