

VIOLENCE INTERVENTION PROGRAM/BIPP

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 other to participate in the FVPS, Inc. BIPP Program.

_____ I understand that if I enroll as a volunteer, I will not receive a completion letter or certificate at the end of the program. If **referred** at a later date, I understand I must sign a Release of Information for that referral source. If my case is closed at any time in the Program, I can continue as a self-pay and receive my certificate. I

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

_____ I agree to attend a **minimum** of 24 group sessions (2 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. BIPP Program if I will be absent and I must make up any sessions missed. **I understand I will pay for the missed session the following week upon my return.** I understand that I may not miss more than three sessions during my participation in the program. **My fourth absence may result in an Exit** and, if court ordered, referral back to the court.

_____ I understand the fee for participation in the FVPS, Inc. Violence Intervention Program/BIPP is as follows:

Registration fee \$23

Photo fee \$2

Group session fee \$25 (I will pay \$25 per session as I go.)

_____ I understand that there will be a re-enrollment fee of \$23.00 if I am exited from the program plus any unpaid balance.

_____ **I understand that there will be a \$5.00 late fee for each tardy in which I arrive 1-14 minutes late for my session.**

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

_____ I understand all fees must be paid to complete the program and to receive a completion letter or certificate. If I do not pay the remaining fees within two weeks of completing my required number of sessions, I will be exited from the program.

_____ 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 **3 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.

_____ 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. BIPP 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. BIPP Program will contact (victim) _____ to provide them with the name of the facilitator. They will also be informed of my registration, termination or completion of my involvement with the BIP Program. They will also be offered services from our agency.

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

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

_____ I understand that FVPS, Inc. BIPP 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. BIPP 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. BIPP Program.

_____ I understand that participation in BIPP program does not guarantee future nonviolence. Only I can prevent any future acts of violence.

_____ 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. Knee length shorts, skirts and dresses are appropriate. No hats, baseball caps, beanies and or hoodies. No sunglasses. No jeans with holes, frayed or that look extremely worn. 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. BIPP Program.

Participant's Signature _____ Facilitator's Signature _____

Date _____ Facilitator's Printed Name _____

VIOLENCE INTERVENTION PROGRAM/BIPP RE-REGISTRATION FORM

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

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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Intersex <input type="checkbox"/> Other _____			
How do you describe your ethnic background? <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			
Name of person with whom you were violent:			Age
Address			
City	State	Zip Code	
Gender of the person whom you were violent <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown			
What is /was the victim's relationship to you? <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Partner, not live in <input type="checkbox"/> Partner, live in <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Child <input type="checkbox"/> Other Relative _____			
Referral Source's Name:			
Phone Number or Email:			
Emergency Contact Name:		Relationship to you:	
Emergency Contact's Phone Number:			
Are children living in the household currently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tell us about them:			
Child's Name	Age	Relationship to you	

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

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

Have you ever had a protective order put in place against you? Yes No If Yes, When? _____

In the past six months, has your relationship:

- Become more violent Stayed about the same level of violence Become less violent

Have you ever thought of hurting or killing yourself? Yes No

If yes, when? _____

Have you ever thought of hurting or killing someone else? Yes No

Have you ever tried to kill yourself? Yes No

If yes, when? _____

Are you currently taken any prescribed medications? Yes No

If yes, what medications?

What are the medications used for?

Please describe your current alcohol/drug use: _____

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

How many people are in your household currently? _____ How many dependents do you have? _____

Household Composition: 2 Parent Household Single Parent Household Individual (no children)

Couple (no children) Other (describe) _____

Are you re-registering for the same reason you were sent here before? Yes No

Explain Why you are re-registering today? _____

If you have new charges or instances of violence, let us know what for: _____

What makes this registration different from your previous registration? _____

Describe any violence you have used in previous relationships: _____

What is your success plan for completion of the program? _____

Participant's Signature/Date

Facilitator's Signature/Date

Participant's Printed Name

Facilitator's Printed Name

Group Assignment For office use only		
/	/	
Date	Day & Time	Facilitator / Extension