



PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

Enrollment Application

Alchemy Transformation & Clarity

26-Week Domestic Violence Prevention Program

Welcome to Pathways.

Thank you for your interest in enrolling in the Pathways 26-Week Domestic Violence Prevention Program. This program is designed to provide education, personal development, safety awareness, empowerment, and practical tools that can support participants as they move toward greater stability, independence, and clarity.

Please complete the application below. Information provided will be treated with respect and used for enrollment and program-support purposes.

1. APPLICANT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Pronouns (optional): _____

Phone Number: _____

Email Address: _____



Preferred Method of Contact:

- ☐ Phone
☐ Text
☐ Email

Preferred Language: _____

2. EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

May Pathways contact this person in an emergency?

- ☐ Yes
☐ No
-

3. PROGRAM INFORMATION

How did you learn about Pathways?

- ☐ Court
☐ Social Worker
☐ Attorney
☐ Community Organization
☐ Friend or Family Member
☐ Internet/Website
☐ Other: _____



Are you seeking enrollment as:

- ☐ A voluntary participant
- ☐ A court-referred participant
- ☐ A participant referred by another agency/professional
- ☐ Other: _____

If referred, name of referring person or organization:

4. YOUR REASON FOR ENROLLMENT

Please tell us briefly what you hope to gain from participating in the Pathways program.

What areas would you most like to learn about or strengthen?

Check all that apply.

- ☐ Domestic violence awareness
- ☐ Personal safety
- ☐ Healthy relationships
- ☐ Boundaries
- ☐ Communication
- ☐ Parenting and family relationships
- ☐ Self-esteem and confidence
- ☐ Emotional awareness
- ☐ Independence
- ☐ Career and employment development
- ☐ Personal responsibility and accountability
- ☐ Mindfulness and meditation
- ☐ Nutrition and wellness education
- ☐ Community resources
- ☐ Other: _____



5. SAFETY & SUPPORT

Are you currently concerned about your personal safety?

- ☐ Yes
- ☐ No
- ☐ Prefer to discuss privately

Would you like information about available community resources?

- ☐ Yes
- ☐ No

Do you currently have a safe way to receive communications from Pathways?

- ☐ Yes
- ☐ No
- ☐ Please contact me to discuss safely

Important: Please do not provide passwords, financial account information, or other highly sensitive information on this application.

6. PARTICIPATION

The Pathways program requires regular participation and engagement with educational materials, class activities, discussions, and assigned exercises.

Are you able to participate regularly in the 26-week program?

- ☐ Yes
- ☐ No
- ☐ I would like to discuss scheduling



Do you require accommodation or additional assistance?

☐ Yes

☐ No

If yes, please describe what assistance you may need:

7. PRIVACY & INFORMATION SHARING

Pathways respects participant privacy.

Information shared during classes, counseling-related educational activities, or group sessions is intended to remain private except where disclosure is required or permitted by applicable law or where the participant provides appropriate written authorization.

Optional Release of Information

I understand that I may be asked whether I want Pathways to communicate certain program participation information with a social worker, referring to a professional, or other authorized support person.

☐ I DO NOT authorize information sharing at this time.

☐ I would like to discuss an optional Release of Information with Pathways.

A separate authorization may be required before information is released.



8. PARTICIPANT ACKNOWLEDGMENT

By submitting this application, I understand that:

- Enrollment is subject to Pathways program requirements and available space.
- The 26-week program is educational and supportive in nature.
- Participation does not create an attorney-client relationship and Pathways does not provide legal advice.
- I am responsible for providing accurate enrollment information.
- I agree to participate respectfully and maintain the privacy of other participants.
- I understand that Pathways may establish additional safety and participation guidelines for classes and group activities.
- I may ask questions about the program before completing enrollment.

Applicant Initials: _____

Applicant Signature: _____

Date: _____

PATHWAYS USE ONLY

Application Received: _____

Reviewed By: _____

Enrollment Status:

- ☐ Accepted
- ☐ Pending
- ☐ Additional Information Needed
- ☐ Referred to Other Resources

Program Start Date: _____

Assigned Program/Class: _____

Pathways Participant ID/Code: _____



Notes:

Staff Signature: _____

Date: _____

WELCOME TO YOUR NEXT PATHWAY

Your enrollment is the beginning—not the end—of your journey.

Through **Alchemy Transformation & Clarity**, Pathways provides educational models designed to help participants develop knowledge, awareness, confidence, practical skills, and a stronger vision for the future.

Submit application to email: emmamontilini@pathwaysforvictims.org