

**FVIP Intake Form**

**Personal Information**

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_

Driver License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single \_\_ Married \_\_ Divorced \_\_ Widowed \_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What method is the best for communication with you: Cell Home, Email, Mail Text

Spiritual/Religion beliefs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment/Education**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_ Length of Employment \_\_\_months/years

Highest Grade Completed: GED \_\_\_ HS \_\_\_\_College/Degree Received \_\_\_

Can the client read and write? YES\_\_ NO\_\_

Have you ever had any thoughts or attempted suicide? YES \_\_ NO\_\_

Have you ever had any thoughts or attempted homicide? YES\_\_ NO\_\_

**Emergency Contact Person**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_ Yr \_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_**

**Alcohol & Drug History** Yes \_\_\_\_\_ No \_\_\_\_\_ Sober Now \_\_\_\_ Length of Current Sobriety

**Name of county you were charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have guns /Weapon** Yes \_\_ No \_\_ **Current DV charge (Reason for FVIP)** Yes \_\_ No \_\_

**What were you charge with in this case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Victims’ Information:**

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Yes \_\_\_\_ No \_\_\_\_**

**Are you currently with them: Yes\_\_\_ No\_\_ Length of relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living together now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children together Yes \_\_\_No \_\_\_ How Many Children \_\_\_\_\_\_Currently Pregnant Yes \_\_ No \_\_**

**DFACS Case: Yes \_\_\_\_ No \_\_\_**

**Case worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TPO Yes \_\_\_ No \_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your version of violence that led to FVIP -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Criminal History (not currently DV charge) Include: Date, County, Charges, Status**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probation Officer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Federal \_\_\_**

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Intimate Partner:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hope Anger Management & Services**

**CLIENT CONSENT FORM**

Thank you for choosing Hope Anger Management, Inc for your FVIP services. The following disclosure is designed to inform you about your time in FVIP at Hope Anger Management. All our staff are committed to the client’s right to information regarding our policies, including no confidentiality, consent, and administrative services.

**RISKS AND BENEFITS:** It involves a relationship between you and a trained FVIP staff who have the desire and willingness to help you accomplish your individual goals. FVIP consists of sharing sensitive, personal, and private information that may sometimes be distressing. During FVIP, there may be periods of increased anxiety or confusion. The outcome of intervention is often positive; however, no individual's satisfaction level is predictable. Your FVIP staff are available to support you throughout the intervention process.

During the first month of FVIP, your situation gets better. It takes a hard and dedicated person to change and work on improving your behavior and old thinking habits. Often when processing difficult emotions, you may feel sad, angry, tired, and experience some emotional and even physical strain due to the intensity of the FVIP process. It would help if you let your FVIP staff know how you feel and work with your FVIP staff to contain feelings in between sessions.

Hope Anger Management will not guarantee the client’s issue/situation will be resolved during and after service.

**NO CONFIDENTIALITY**

•If there is evidence of the clear and imminent danger of harm to self or others, a FVIP is legally required to report this information to the authorities responsible for ensuring safety.

•A court order issued by a judge may require the FVIP staff to release information contained in records; however, Dr. Valaria Scott Dmin, MSW, HS, MS, BA, AA, JSOCC, CART, CLC, CRC will NOT testify for a client in court.

Enrollment fee is nonrefundable.

We appreciate prompt arrival for appointments. Please notify us on 678-900-1255 if you will be late. Twenty-four hours' notice of cancellation allows us to use the time for others. There is a $25.00 fee for no-call/no-show.

Hope Anger Management & Services will remind you of your appointment by weekly email. The client may reply or call the office to confirm the appointment.

* No smoking inside the facility.
* No such recording (video or audio)
* All mobile devices must be silent. (NOT RING OR VIBRATE). If I see a client looking at their phone and distracting me from teaching, I will ask the client to leave the session.
* No violent threats towards anyone, including the instructor.
* Clients will have homework assignments weekly.
* If a client misses more than three sessions, they will not receive a certificate of completion. The client must start classes again.
* Clients are not allowed to drink alcohol and use drugs.
* Three tardies equal one absent.
* Four absences will terminate you from FVIP. Five minutes after the class scheduled time is a absent.

A client is excused from the following:

-Medical Notes/Sick

-Death in the family

-Court documents

* Clients must dress appropriately during sessions.
* No children are left unattended in vehicles.
* Children/Family members/Friends are not allowed to attend sessions. They cannot wait in the waiting area.
* No name calling of any kind during class.
* If the client has a relapse, they are not discharged but must start classes again.

**TECHNOLOGY:** By your signature below, you authorize Hope Anger Management to contact you by phone using the number you provide at intake. If this is not a safe number to leave messages at, please let your FVIP staff know in writing or note this on the intake packet itself. If you choose to use email to send information to Hope Anger Management or a staff member, you know that this information is at risk and that Dr. Scott may respond via email. Hope Anger Management only sends emails to remind clients of appointments one day before the session.

Text messaging is not a popular form of communication. At Hope Anger Management, Dr. Scott does not accept text messages. Please clarify how you would like to communicate with Dr. Scott and if you choose to text, please keep it to a minimum and use it only for scheduling/logistics purposes.

**SOCIAL MEDIA POLICY:** Hope Anger Management, Inc., does not connect with clients on social media.

**PAYMENT**: Hope Anger Management, Inc. allows individual FVIP to set their fees with their clients. Please talk to your facilitator about their fee schedule. Once you and Dr. Scott agree on a fee, this will be reported to Hope Anger Management for billing and recording purposes. This fee is what will apply below under cancellations. Enrollment Fee: $80.00 Weekly Class Fee $30.00

Hope Anger Management only accepts cash, credit, or debit card payment currently. Please make checks payable to Hope Anger Management. All prices are due at the time of service unless prior arrangements have been made. Missed payments will be charged $5.00 (five dollars) per session. Payment methods: Cash, Zelle, Cash App, and Paypal.

**SESSIONS:** Sessions are 90 minutes in length with Dr. Scott.Please arrive promptly for sessions rather it is in the office or Zoom. Sessions will end at the designated time, regardless of when the session starts. Staff are only required to wait 10 minutes past the scheduled time for an appointment before a no-show is billed.

**CANCELLATIONS:** We understand that you may need to cancel an appointment. It is helpful to know if you will not be coming, so we ask that you give us 24 hours' notice of any change or cancellation. Any late cancellation (less than 24 hours’ notice), change, or missed appointment will be charged the $25.00 agreed. If you have any questions or would like additional information, please feel free to ask.

**I have read and discussed the above information with Hope Anger Management. I understand the risks and benefits of facilitating, the nature and limits of no confidentiality, and what is expected of me as a client of FVIP Services.**

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Class Structure**

(a) FVIPs should require each participant to attend a minimum of twenty-four (24) weekly group classes. Participants may not participate in more than one (1) class per week. (b) Classes shall be at least ninety (90) minutes in length. Administrative duties, including taking attendance and collecting fees, are prohibited during the ninety (90) minutes of instruction. Breaks shall not be included in ninety (90) minutes. (c) A certified facilitator may not hold a class with more than eight (8) participants if only one (1) Certified facilitator is present. Two (2) certified facilitators may co-facilitate a class not to exceed sixteen (16) participants. (d) Participants may not have more than three (3) absences. A fourth absence must result in automatic termination from the FVIP. (e) Participants arriving late (five minutes after) to class may attend class but not receive credit, and no payment shall be charged or received by the FVIP. If a participant is late for class three (3) times, it shall count as one (1) absence. (f) Transfer of a participant to another program will not be permitted unless the transfer has been approved by the court, another referral source, or the Commission. If approved, the FVIP the participant transfers from shall notify the victim liaison of the participant’s transfer within four (4) calendar days. FVIPs who accept transferred participants must complete all the procedures required of new participants. (g) All participants in a class must be of the same gender identity. (h) Intimate or ex-intimate partners are not allowed to participate in the same class. (i) Participants must attend class in person. No online courses will be approved.(j) Immediately stop all violence and abuse towards the victim and others (k) Remove from the place of residence all firearms (l)Respect any effort by the victim to leave the relationship (m) Be drug & alcohol-free during all classes (n) Acknowledge the FVIP’s duty to warm policy, mandatory reporting requirements, victim contact policies, programmatic response to continued violence, and consequences of breaking the FVIP’s participant contract.(o) Zoom sections: camera must be on showing your face, client cannot be riding, driving, laying down, cooking, or have any distraction. Payment must be paid for the Zoom link is sent to client.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY POLICIES**

I understand while in FVIP sessions, I will not be allowed to harm myself, others, or any property. If I become a threat of harm to any of these, the authorities will be notified immediately, and I will be responsible for any damage incurred. I know Hope Anger Management, Inc., is not responsible for any items left in the FVIP room during or after sessions. I understand that Valaria Scott DMin, MSW, MS, HS, BA, AA, CART, CLC, and CRC, is a certified facilitator who obtained a Doctorate in Theology, a Master’s degree in Human Services, Master’s in Social Worker, Bachelor’s in Psychology, and an Associate’s in Arts. The session material may be discussed in the context of supervision, training, and consultation.

I agree to give Hope Anger Management, Inc. permission to correspond with me by letter, telephone, or other means necessary to check on my progress after discharge. I understand that recommendations for nutrition, supplements, exercise, and other healthcare suggestions are not intended to replace medical advice and treatment from your primary care physician. I understand that Hope Anger Management, Inc. occasionally sends newsletters and other information to clients and other interested parties unless personally directed/requested in writing. I/We have willingly placed my/ourselves in the program of Hope Anger Management, Inc. program and authorized Hope Anger Management, Inc. to act in the best interests and to perform any treatment deemed proper and fit.

Using my/our signature, I/We, at this moment, release Hope Anger Management Inc., its staff, and directors from all lawsuits, libel, damages, or legal litigation of any kind that could be brought against them for any reason by us on their behalf. I understand that Hope Anger Management, Inc., will not get involved in any legal proceedings, including custody disputes and divorce proceedings. I/We do also, at this moment, state that this agreement and contract is to be in effect for the life of my/ourselves and that even after death, this contract shall stay in effect.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_