

## **John Howard Society – Program Registration Information**

By filling out this form, you will be placed on a pre-registration list. **Adult clients are required to attend an intake session and make payment arrangements prior to being offered a seat in a program.**

We are proud to be a **United Way Funded Agency**. Thanks to the generous support of the United Way of Brandon & District as well as support from the City of Brandon, we are able to offer reduced rates based on income. If you are receiving a reduced rate, it is only possible because of the support of the United Way and the City of Brandon.

Adult program fees:

|                             | AMP Group | BHR Group |
|-----------------------------|-----------|-----------|
| Below \$15,470              | \$115     | \$115     |
| Between \$15,471 - \$34,999 | \$230     | \$230     |
| \$35,000 and above          | \$400     | \$400     |

NOTE: You must provide proof of income/financial (T4, paystub or EIA proof) need in order to receive reduced rates.

Our **youth programs and CrossRoads** are fully funded by United Way and are offered free of charge. Youth clients will require consent of their parent/guardian.

Program seats are filled on a “first come-first served” basis – it is recommended you complete all the necessary steps and book your seat, as our programs do fill up sometimes.

**It is important that you notify the John Howard Society of any change in contact information to ensure you receive notification.**

Individual programming options are available for those with special needs – for example, those who have learning difficulties or those who are not fluent in English and require an interpreter. Please contact/speak to Linda Johnston to discuss options available.

**John Howard Society of Brandon, Inc.  
153 8th Street, Brandon, MB R7A 3W9  
Ph: (204) 727-1696; Fax: (204) 728-4344**



## John Howard Society - Program Registration

**PLEASE PRINT CLEARLY**

**TODAY'S DATE (month/day/year):** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Check one:**  Adult male  Adult Female  Youth Male  Youth Female

**Date of Birth (month/day/year):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_

**Phone number:** home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**Email** \_\_\_\_\_

**Parent/Guardian Name (for youth registration):** \_\_\_\_\_

**Please indicate which program(s) you wish to register for:**

- Anger Management Program (AMP)
- Building Healthy Relationships Program (BHR)
- CrossRoads Program
- Youth Anger Management Program (YAMP)

**Programming to be completed prior to:** \_\_\_\_\_

**Additional information or comments:**

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Please read and sign the attached confidentiality agreements. Any questions or concerns will be discussed during intake.



# The John Howard Society of Brandon, Inc.

153 – 8<sup>th</sup> Street, Brandon, Manitoba, R7A 3W9

Phone: (204) 727-1696

## CONSENT FOR RELEASE AND/OR OBTAIN CONFIDENTIAL INFORMATION

The John Howard Society of Brandon, Inc. staff does not disclose information received in confidence without the expressed written permission of the client.

The John Howard Society of Brandon, Inc. provides a variety of different services and programs. Information relevant to providing appropriate services to you will be shared with other John Howard facilitators or staff. Should there be a requirement for future John Howard Society of Brandon, Inc. involvement; file information will be provided to the appropriate staff in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA).

The following exemptions apply and information may be disclosed without client consent under the following circumstances;

- In the case of imminent danger to the individual or to others
- Upon the issuance of a subpoena by the courts
- In the course of a medical emergency
- Reporting under the Child and Family Services Act requirements

This form deals with the flow of confidential information between the John Howard Society of Brandon, Inc. and other parties or agencies that are relevant to the client's participation in John Howard Society of Brandon, Inc. programs.

I hereby authorize the John Howard Society of Brandon, Inc. to release and/or obtain information pertinent to the assessment, rehabilitative program and/or services, of personal and/or health problems concerning myself to/from:

- Crown Attorney's office
- Community & Youth Corrections –
- Child and Family Services –
- Defence Counsel
- WMS
- Other

This consent is required for the purpose of programming updates and outcomes.

### Consent to collect information in a post-program survey:

The John Howard Society conducts survey's to determine how our programming impacts our clients. We use this information to improve our programming. We do not disclose any information gathered from these survey's to any third parties. The information collected is combined with other survey results to give us an overall picture of our programming.

- I do not wish to participate in a post program survey
- I agree to be sent a post-program survey after I have completed the program.
  - I wish to be contacted by email: email address: \_\_\_\_\_
  - I wish to be contacted by mail: Address: \_\_\_\_\_

I understand that this information will be used only for purposes stated above, and to the extent that it may be required for use in a court of law.

I understand that I may revoke this consent at any time by personally delivering to the John Howard Society of Brandon, Inc. a revocation in writing. In any event, this consent will automatically expire two years after the date it is signed.

A John Howard Society of Brandon, Inc. staff, counsellor or service provider has reviewed this information with me, and I understand it.

Dated \_\_\_\_\_ in City of Brandon in the Province of Manitoba.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
John Howard Society of Brandon, Inc. Staff signature

Client's name: \_\_\_\_\_

## FEE FOR SERVICE AGREEMENT

1. I am an individual voluntarily seeking:  
 Anger Management Programming       Building Healthy Relationships Programming  
through this agency and as such, will be subject to a fee for services.
2. Fees have been discussed with me, and were determined by my disclosed income to be in the amount of \$ \_\_\_\_\_.
3. The John Howard Society of Brandon, Inc. requires payment in full prior to the commencement of services being provided. If necessary, a payment schedule has been developed in consultation with me and is included in file information. This payment amount has been determined to be:  
\$ \_\_\_\_\_ I will pay this payment \_\_\_\_\_ times (# of payments).
4. I acknowledge that I will not be offered a seat in the program until my fees have been paid in full.
5. By agreeing to this fee for service, I am acknowledging that the John Howard Society of Brandon, Inc. will not release my final discharge/progress summaries or Certificates of Completion to me, and/or the courts (if applicable) and/or my referral source (if applicable) until full payment has been received for services rendered.
6. I understand I am entitled to receipts for payments I have made to the John Howard Society of Brandon.
7. I acknowledge that once I book a seat in a specific program, I must give **24 hours notice** if I am unable to attend the program. I acknowledge that should I book a seat in a specific group, and do not attend the program (having not given 24 hours of notice) that I will forfeit my payment and will be required to pay the full fee in order to book a seat in future programs.
8. I also acknowledge that I am entitled to a refund of my payment (less administrative fees) should I decide not to take the program (and have given appropriate notice). I am required to make a request in writing and acknowledge that it may take up to 3 weeks to receive a refund of fees.
9. If I disagree with how my case is being handled, I may submit an appeal in writing to the President of the Board of Directors of the John Howard Society of Brandon, Inc at **153 - 8th Street, Brandon, Manitoba, R7A 3W9**, within 30 days of the dispute arising.
10. I have read these terms or have had them read to me and by signing I accept them as outlined above.

\_\_\_\_\_  
JHS Staff

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

\_\_\_\_\_  
Client Name (printed)