True North
Behavioral Health Agency

True Noth Behavioral Health Agency

ANGER MANAGEMENT INTAKE FORM

CLIENT INFORMATION

Full Name: _____
Date of Birth: ___ / ___ / _____
Phone Number: _____
Email Address: _____
Home Address: _____

EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone Number: _____

REFERRAL INFORMATION

Are you attending for:

☐ Court requirement
☐ Probation requirement
☐ DFCS requirement
☐ Attorney recommendation
☐ Employer requirement
☐ Personal/voluntary

If court / probation / DFCS referred:
Agency Name: _____
Officer / Caseworker Name: _____
Officer / Caseworker Email: _____
Required Number of Sessions: _____
Completion Deadline: _____
Case Number (if applicable): _____

REASON FOR ATTENDING

Briefly describe what led you to seek anger management classes:

_____
_____
_____

LEGAL HISTORY

(Optional unless court-required)

Are you currently involved in any legal cases?

☐ Yes

☐ No

If yes, please describe:

_____

_____

_____

Are there any no-contact orders or safety concerns we should be aware of?

_____

_____

_____

PROGRAM DETAILS

Preferred format:

☐ Online Group Class

☐ Individual Sessions

☐ Either

Do you need attendance updates sent directly to a court or agency?

☐ Yes – provide details below

☐ No

Agency/Officer Email: _____

REQUIRED DOCUMENTS CHECKLIST

Please attach the following items with this intake form:

☐ Copy of unexpired photo ID

☐ Court / probation / DFCS referral paperwork

☐ Signed Program Policy Form (attached)

☐ Release of Information (if updates are required)

TECHNOLOGY INFORMATION (For Online Classes)

Do you have reliable internet access?

☐ Yes

☐ No

Do you have access to a device with a working camera and microphone?

☐ Yes

☐ No

CLIENT AGREEMENTS

By signing below, you acknowledge:

- You understand this is an educational anger management program, not therapy.
- You agree to follow all attendance, conduct, payment, and participation requirements.
- You understand that missing or late sessions still incur fees.
- You consent to receive communications related to scheduling and documentation.
- You confirm that all information provided is accurate.

Signature: _____

Date: ____ / ____ / _____

True Noth Behavioral Health Agency

ANGER MANAGEMENT PROGRAM POLICIES

Attendance Policy

Attendance is required for successful completion of the Anger Management Program. Clients must attend their full scheduled session to receive credit. Missing a session, arriving late, or leaving early will result in the session being marked as missed and must be made up. Excessive absences may result in removal from the program.

Late Arrival Policy

To maintain fairness and program integrity, clients are expected to log in or arrive on time for every session. Anyone arriving more than 10 minutes late will not be permitted to enter the session and will still be charged. Late arrivals count as absences and must be rescheduled in order to receive credit.

Online Class Requirements

Clients participating in online sessions must comply with all virtual participation guidelines. Cameras must remain on at all times, clients must remain visible and engaged, and participation must occur from a quiet, private location. Driving, working, multitasking, or moving around during class is not permitted. These expectations ensure full participation and compliance with court and program standards.

No Recording Policy

Recording of any kind—including audio, video, screenshots, or screen sharing—is strictly prohibited during sessions. This policy protects confidentiality, safety, and the integrity of the program. Violations may result in dismissal from the program without refund.

Payment & Refund Policy

All payments are due prior to the start of each session unless another arrangement has been approved. Missed, late, or same-day cancelled sessions are not refundable. Clients with unpaid balances may be prevented from attending future sessions until the balance is resolved.

Cancellation & Rescheduling Policy

Clients must cancel or reschedule appointments at least 24 hours in advance to avoid being charged. Cancellations made fewer than 24 hours before the session will

be charged in full. Missed group classes cannot be rescheduled individually and must be made up during the next available group session.

Documentation Policy

True North Behavioral Health provides attendance logs, progress updates, and completion certificates once all program requirements are met and all fees are paid. Documentation may be shared with courts, probation, DFCS, attorneys, or employers only after a Release of Information is signed.

Code of Conduct

Clients are expected to engage respectfully, follow facilitator instructions, and maintain appropriate behavior throughout all sessions. Aggressive, disruptive, or inappropriate behavior is not permitted. Clients must be sober and not under the influence of drugs or alcohol during any session. Violations may result in immediate dismissal from the program.

'Not Therapy' Disclaimer

The Anger Management Program at True North Behavioral Health is an educational behavioral skills program and is not psychotherapy. No mental health diagnosis or treatment is provided in these sessions. Clients needing clinical therapy will be referred to appropriate licensed providers.

Acknowledgment & Signature

I acknowledge that I have read, understand, and agree to all policies outlined in this document. I understand this program is educational and not psychotherapy. I agree to follow all attendance, payment, conduct, and participation requirements as stated.

Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

Court/Probation Contact: _____

True Noth Behavioral Health Agency

RELEASE OF INFORMATION (ROI)

Client Name: _____

Date of Birth: _____

I authorize True North Behavioral Health to release or obtain information to/from:

Name/Agency: _____

Phone: _____ Email: _____

Address: _____

Information to Be Released or Obtained (check all that apply):

[ ] Attendance Verification
[ ] Progress Updates
[ ] Completion Certificate
[ ] Scheduling/Compliance Information
[ ] Other (specify): _____

Purpose of Release:

[ ] Court Requirement
[ ] Probation/Parole
[ ] DFCS Case
[ ] Attorney Request
[ ] Employer Requirement
[ ] Personal Request

Expiration Date (optional): _____

I understand this release is voluntary and may be revoked at any time by written request. Revocation does not apply to information already released prior to the revocation.

Client Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____

Provider Signature: _____ Date: _____