



Date: ____/____/____

Name: Last _____ First _____ MI _____

If you have one, list your CR number _____ and your PID _____

If you came because you are involved with some agency please mark their box.

☐ NCDC ☐ Napa Probation ☐ Federal Parole ☐ Child Protective Services

☐ Therapist or Social Worker ☐ Other agency: _____

Name of person who sent me (or PO): _____ (____) _____ - _____

Your Birth date: ____/____/____

Are you?: ☐ Male ☐ Female

What do you consider to be your ethnic background? ☐ Caucasian ☐ Hispanic

☐ Black ☐ Native American ☐ Filipino ☐ Asian ☐ Pacific Islander ☐ Other:

What are your drugs of choice? 1. _____ 2. _____ 3. _____

What is your mailing address?

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Cell Phone Company for texting: _____

Please list the people you usually live with: parents, spouse, girl/boyfriend, children, roommates.

Name	Relationship	Age	Sex: M or F

Who should we contact in an emergency?

Name	Relationship	Phone Number

PROGRAM CONTRACT

This is a mutual commitment between Alternatives for Better Living and you. We offer our time and skills in exchange for certain commitments from you. We ask that you read, consider and indicate your agreement by signing below.

These agreements apply to each and all of the Classes.

DURATION OF THE GROUP & PUNCTUALITY

I agree to arrive on time to each class. Tardiness is disruptive to the class, 15 minutes after the class has begun entry into the class will be approved by the class and credit may not be given for the class.

CONFIDENTIALITY

I agree to not discuss anyone I see or meet or anything I hear at the program with anyone. Everyone deserves privacy. My confidentiality may also be protected by law with the exception of mandated reporting. I understand the staff is mandated by law to disclose suspicion of child abuse, elder abuse, threats of homicide, suicide and physical violence to another. I know class meetings may be recorded for research and supervision purposes and with my permission only.

MISSED MEETINGS

I agree to provide 24 hours notice for any sessions. I understand that I will be charged for missed meetings accept if the fee is waved by the facilitator. I understand that I can be terminated or that my program can be extended for missed meetings that have not been cleared.

TERMINATION

I agree to disclose and discuss my plans to leave the class before a cycle is completed.

FEES

I agree to pay according to the fees agreed upon at the intake. Failure to pay the class fees will result in being discharged from the program. In order to re-enter the class I agree to pay my fee balance in full, plus a reentry fee of \$50.

I agree to pay an initial fee of \$_____ upon admission, \$_____ per group and (or) \$_____ per _____.

Groups/Individuals	Day/Time	Start Date