



<b>Group:</b>	
<b>Day &amp; Time:</b>	
<b>Start Date:</b>	

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.

<input type="checkbox"/> Post-Plea	<input type="checkbox"/> Pre-Plea	<input type="checkbox"/> Self
<input type="checkbox"/> Probation	<input type="checkbox"/> Other agency: _____	

Your Birth date: ____/____/____	Are you?: <input type="checkbox"/> Male <input type="checkbox"/> Female
What do you consider to be your ethnic background? <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic	
<input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Other: _____	

What is your mailing address? _____
City: _____ State: _____ Zip: _____
What is your home phone? (____) _____ - _____ Work phone? (____) _____ - _____
Cell phone? (____) _____ - _____ Cell phone company for texting? _____
Do we have your permission to leave a message at any of these numbers? _____

In your own words, describe the event that brought you here:

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Whom should we contact in an emergency?

Name	Relationship	Phone Number

Have you ever served in the military? \_\_\_\_\_

Do you have any special needs that we should know about?


How did you hear from us/who referred you? \_\_\_\_\_

## PROGRAM CONTRACT

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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 individual or class session.

### PUNCTUALITY

\_\_\_ I agree to arrive on time to each individual or class session. I realize that tardiness is disruptive to the session.

### CONFIDENTIALITY

\_\_\_ I agree to not discuss anyone I see or meet at the program with anyone.

*Your confidentiality is important to us and may be protected by law with the exception of reports to the court regarding your participation, termination or completion; and **mandated reporting**. Mandated reporting means the staff is **mandated** by law to disclose information of child abuse, elder abuse, threats of homicide, suicide and physical violence to another.*

*Class meetings may be recorded for research and supervision purposes only, and only with your prior permission.*

### ATTENDANCE AND MISSED MEETINGS

\_\_\_ I agree to provide 24 hours notice for any sessions I may need to miss. If I re-schedule with less than 24 hours notice I will be charged \$25. I understand that even with 24 hours notice I may only reschedule two times. On the third re-schedule I will be charged a \$25 rescheduling fee. If I reschedule a fourth time my case can be returned to the referring agency.

\_\_\_ I understand that if I miss more than two sessions without notifying the coordinator, I may be discharged from the program.

\_\_\_ I understand that if I miss a session and have not made contact within 15 days of my missed appointment my case may be returned to the referring agency.

### FEES

\_\_\_ I agree to pay the fees listed below. I agree to pay before each session. If I fail to pay at a session I will either document a change in my financial situation or make payment at my next session. If I do not pay at the next appointment after having agreed to do so, that session will be cancelled, a rescheduling fee of \$25 will be charged and no further appointments will be made until I am current in my program fees. I understand that fees are non-refundable. Bounced check fee \$25. NO PAY NO STAY. Bring exact change. CHANGE WILL NOT BE GIVEN.

\_\_\_ I understand that if I fail to pay my fees I will be terminated from the program and Alternatives is required to report my termination to the court, probation or the District Attorney. If the court re-refers me to the program, I agree to pay my balance in full, plus a re-enrollment fee of \$50.

\_\_\_ I agree to pay an initial fee of \$ \_\_\_\_\_ upon admission, \$ \_\_\_\_\_ per class session and \$ \_\_\_\_\_ per individual session.

\_\_\_ I agree to attend \_\_\_\_\_ individual sessions and \_\_\_\_\_ class sessions.

\_\_\_ My classes will be held on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

I have read and understand this agreement.

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Client Signature

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Date



## CONSENT TO RELEASE CONFIDENTIAL CLIENT INFORMATION

I, \_\_\_\_\_,

authorize Alternatives for Better Living to disclose to \_\_\_\_\_  
(Name of person or organization to which disclosure is to be made)

the following information (i.e. attendance, progress, etc.) **Enrollment, attendance, progress, completion** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

regarding my enrollment in the \_\_\_\_\_ program  
for the purpose of (i.e. verification of treatment and progress, defense of case, etc.) **Verification of progress, completion and compliance with requirements** \_\_\_\_\_

\_\_\_\_\_

I understand that information about my treatment is confidential, may be protected by State or Federal law and should not be released without my written consent unless otherwise provided for under the law or regulations. I also understand that I may revoke this consent at any time except to the extent that Alternatives has already taken action in reliance on it and that in any event this consent expires automatically as described below.

*This consent shall expire upon termination/discharge from the Alternatives treatment program listed above and discontinuation of services.*

\_\_\_\_\_  
(Other specific date, event or condition upon which this consent expires)

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

\_\_\_\_\_  
**Signature of Client/Participant**

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

\_\_\_\_\_  
**Signature of Witness**

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

\_\_\_\_\_  
**Signature of Parent, Guardian, or authorized representative**

## Keeping your information confidential

The alcohol and drug abuse client information kept by treatment programs like Alternatives for Better Living is protected by Federal law and regulations. Generally, Alternatives may not tell anyone outside of the program that a person is attending treatment here or give out ANY information identifying a client as alcohol or drug user.

### UNLESS:

1. The client (you or your guardian) consents in writing.
2. The release of information is allowed by a Court order.
3. The information is needed for a medical emergency or for program review.
4. The information involves certain crimes against individuals such as murder, child abuse, etc.

If Alternatives violates Federal law and regulations it is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations (a copy is available).

Federal regulations do NOT protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal regulations do NOT protect any suspected child abuse or neglect from being reported.  
(See 62 U.S.C. 290dd-3 AND 42 U.S.C. For Federal laws and 42 C.F.R. Part 2 for Federal Regulations)

I have read the above information or had it explained to me.

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**Client Signature**

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**Date**

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**Witness Signature**

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**Date**



## **SMOKING POLICY**

We encourage everyone who attends any program at Alternatives for Better Living to quit smoking. We want you to experience a life free from an addiction that is the most likely to cause you health problems and eventually death. If you are interested in quitting, we will do everything possible to support you in your decision.

If you choose to smoke we ask the following of you:

Please keep in mind smoking impacts everyone around you. Therefore, smoking on the Alternatives for Better Living premise is not allowed. This includes our front porch, the front of the building and the parking lot.

Always dispose of your cigarettes. Please do not throw your cigarette butts on the ground. There is a trash can outside next to Nations. We do not want to pick up after you.

Staff is not allowed to smoke with any clients.

Adults should not encourage adolescents to engage in addictive behavior...including smoking. If you are an adult and we see you giving cigarettes or smoking with any client under 18, you may be asked to leave the program.

Most importantly, do not encourage others to smoke and if you know that someone is quitting please do not smoke in front of them.

We appreciate your cooperation.

The staff at ALTERNATIVES

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **GUIDELINES for PROGRAM PARTICIPATION**

### **PARTICIPATION:**

*You are expected to actively participate in treatment. Please leave cell phones in your car or turn them completely off.*

### **SOBRIETY:**

*Drugs and alcohol interfere with the ability to solve problems. This is an alcohol and drug free program. You will not be able to benefit if you have been using or drinking. Anyone attending under the influence will be asked to leave. It is inappropriate to bring alcohol, drugs or paraphernalia.*

### **ATTENDANCE:**

*If you are going to attend, please come on time in order not to disrupt the other participants. You will be charged for missed groups unless you are excused.*

### **TOBACCO:**

*Please be respectful of other participants and of our hosts' property. Smoke only off the property and do not create a mess.*

### **DRESS:**

*Dress casually and comfortably, but fully. Please wear shirts and shoes. Do not wear halter tops, tank tops or revealing clothing. No clothing advertising alcohol or drugs.*

### **VIOLENCE:**

*Violence does not solve problem. Threats of violence are taken seriously and may be reported. This must be a safe environment, any violence against persons or property will result in immediate dismissal from the program. No weapons are allowed.*

### **RECOMMENDATIONS AND COMPLAINTS:**

*Please let us know any recommendations or complaints you may have. We suggest that you speak with staff, or bring up the issue in group when appropriate.*

### **CONFIDENTIALITY:**

*ALTERNATIVES promotes a safe and healthy environment. For people to be able to speak freely everyone must agree to keep information shared confidential. Exceptions: Child abuse elder abuse, harm against self or others. The information you share will be held in professional confidence. This means that staff, since they work as a team, will only share information among themselves to better facilitate treatment. Exceptions are danger to self or others, child abuse or adult abuse.*

### **RESPECTFUL BEHAVIOR:**

*All people and topics will be treated with respect. We expect you to behave toward others the way you want them to behave toward you. Verbal abuse toward other participants or toward staff is not appropriate and cannot be allowed.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_