



Asante Training, Counseling & Visitation Center, 1255 E. Highland Ave. Suite 107, San Bernardino CA 92404
 Email: asantetraining@yahoo.com Tel. 909-886-3322 Fax: 909-886-3328

Intake Assessment Form Anger Management Intake form

CLIENT IDENTIFYING INFORMATION					
Court Ordered: Yes No			Today's Date:		
Client's Name:		SS#:	DOB:	Gender: F M	
Race: African American Caucasian Asian Latino Native American Other,					
Case #:	Ethnicity:	Primary Language:		Tel.#:	
Address:		City:	CA	Zip:	
Email Address:			Message #: :		
FORMS OF IDENTIFICATION ON PERSON					
Social Sec.Card Birth Certificate Medicaid Card Driver's License P.A. Card GreenCard					
US Citizen Card # _____					

COURT/REFERRING AGENCY INFORMATION			
Probation Officer Social Worker Defense Attorney Other: _____			
Name of Referring Person:		Agency Name: :	
Telephone #:	Fax #:	Email Address: :	
Address:		City:	CA Zip:

EMERGENCY CONTACT			
Emergency Contact Name:			
Relationship:		Telephone #:	
Address:		City:	CA Zip:

ALCOHOL/SUBSTANCE ABUSE HISTORY					
What Drugs do you currently Use:					
Drugs of Choice*	Route**	Frequency	Amount	1 st Use	Last Use
Do you use more than one substance per day Yes No If yes, what substance:					
At what age did you start using drugs?					

*Drug of Choice: (1) Alcohol, (2) Crack, (3) Cocaine, (4) heroin, (5) PCP, (6) Street Methadone, (7) Marijuana, (8) Ecstasy, (9) Hallucinogens, (10) Inhalants, (11) Other. Please specify.
 ** Route of Administration: (1) Oral, (2) Nasal, (3) smoking, (4) Non IV injection, (5) IV injection

DETOX
How many times have you been in Detox:
When was the last time (dates you were in Detox:
What was the name of the last Detox program:



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SUBSTANCE ABUSE TREATMENT			
Are you currently in a substance abuse program: Yes No If yes, give the name, Telephone # and address of the program:			
Have you ever been in any other DRUG ABUSE program: Yes No			
Name of Program	Address	Telephone Number	Did you Complete the program, if not, why?

MEDICAL/MENTAL HEALTH HISTORY		
Do you currently have any medical conditions or physical disability?	Yes No	If yes, explain:
Are you currently taking any medication(s) for physical condition?	Yes No	If yes, what medication are you taking, explain:
When was your last TB test		Positive Negative
If female, are you currently pregnant?	Yes No	
Do you have any children?	Yes No	How many, and who has custody of your children:
Do you have psychiatric or emotional problems?	Yes No	If yes, explain:
Has anyone ever told you that you have a psychiatric/mental health diagnosis?	Yes No	If yes, explain:
Have you ever set any fires in the past?	Yes No	If yes, explain:
Have you ever been convicted of a sex offense?	Yes No	If yes, explain:
Have you ever committed a sex offense?	Yes No	If yes, explain:
Have you ever thought about hurting yourself?	Yes No	If yes, explain:
Have you ever thought about killing someone else?	Yes No	If yes, explain:
Have you ever physically hurt someone else?	Yes No	If yes, explain:
Have you ever heard any sounds or voices that other people could not hear?	Yes No	If yes, explain:
Have you ever thought about killing yourself?	Yes No	If yes, explain:



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Have you seen things that other people cannot see?	Yes No	If yes, explain:
Have you ever been hospitalized for any mental health reason?	Yes No	If yes, which hospital:
Are you currently taking any medication for any mental health reason:	Yes No	If yes, for what condition and what medication?
Have you taken any medications in the past for psychiatric/mental health problems?	Yes No	If yes, what?
Are you currently in psychiatric/mental health treatment now? (check all that apply)	Where:	None Day treatment Jail Medication/counseling Outpatient Residential Other, _____
Have you received psychiatric treatment in the past?	Yes No	If yes, check all that apply: None Day treatment Jail Medication/counseling Outpatient Residential Other, _____

ENTITLEMENT/BENEFITS			
Do you receive?			
Public Assistance	Food Stamps	Medicaid/Medical #:	SSI/SSD
Unemployment	Medicare	Social Security	Veterans Assistance
Private Insurance			
Have you ever served in the Military, Yes No If yes, what branch, years and type of discharge?			

EMPLOYMENT/EDUCATIONAL HISTORY		
Are you employed?	Yes No	If yes, what is your position, address and telephone # of your employer?
Are you a student?	Yes No	If yes, name of school:
If No, do you have a GED	Yes No	If no, what grade did you complete:

BATTERERS/ANGER MANAGEMENT ASSESSMENT		
Have you been involved in a batterers program before?	Yes No	If yes, explain:



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Have you been ordered to attend a batterers program?	Yes No	Yes, by whom:
What is your income?		0 – \$7,000 \$7,000 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 Over \$30,000
What is the name, address and telephone number of your partner?		Name of Partner: _____ Telephone number: _____ Address: _____
How Many children do you have?		

LAW ENFORCEMENT/CRIMINAL INVOLVEMENT

Were you arrested or charged with a domestic related offense?	Yes No	If yes, give the date of arrest, charge, results such as convicted, pending or charges dropped:
How many times have the police been called to your home because of family disputes?		Explain:
How long is your probation?		Explain:
What are your probation conditions?		Stay Away from victim CD Eval Fine Abstain from Alcohol CD Treatment Other _____
Do you have an ORDER OF PROTECTION?		Date of order: _____ Length _____ of _____ order Judge _____
Orders		CD Eval by: _____ CD Eval by: _____ Excluded from residence _____ Modified Exclusion No Contact Supervised Visitation Other



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Have you ever been to counseling for abusive behavior?	Yes No	If yes, explain:
Have you ever had a chemical dependency evaluation?	Yes No	If yes, explain:
Have you ever been to chemical dependency treatment?	Yes No	If yes, explain:
Did you complete the program?	Yes No	If yes, explain:

HISTORY OF ABUSE

Please describe in detail your violent/abusive actions in the incident which brought you to Asante?	Explain:
Was there violence in previous relationships?	Explain:
Were your parents physically abusive with you?	Explain:
Have you ever had fears of hurting your children?	Explain:
Do you discipline your children? If yes, how..	Explain:
What kind of abusive acts have you committed to others?	Explain:

SERVICES NEEDED

Individual Counseling/Psychiatric
Conjoint Family Therapy
Group Counseling
Anger Management
Batterers Program/ Domestic Violence
Parenting Class
Substance Abuse Program - In Patient Program – <i>(Refer out)</i>
Substance Abuse Program - Out Patient Program <i>(Refer out)</i>
Drug Testing <i>(Refer out)</i>
Detox <i>(Refer out)</i>



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Release of Information

I understand that the following information may be exchanged with the counseling/education team working with Prevention & Treatment Program.

1. My attendance
2. Any use of violence or threats
3. Reasons for suspension or termination from the program
4. Recommendations regarding changes in counseling and/or treatment

This information may also be exchanged with the representatives of the Probation Department, District Attorney Office, Judicial Court, Regional Corrections, Child Protective Services Division and the Juvenile Courts.

I understand that my records are protected under certain governmental and ethical regulations and cannot be release without my written consent or unless subpoenaed by a court of law.

This Release of Information is valid for _____ and will expire on _____.

Executed this _____ day of _____, 2 _____

Participant (Print)

Participant (Signature)

Witness



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CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I _____, born _____ hereby authorize
Asante Family Agency to release to, or obtain from

ASANTE FAMILY AGENCY

any and all information which they possess relating to my examinations and illnesses including psychiatric and/or psychological information which may be a part of the medical record. This information is released, or requested, for the purpose of the treatment process and case management.

This release of confidential information will automatically expire one year from the date of signature.

	Name of Person or Agency in which you Authorize Release of Information	Address	Telephone/Fax
1			
2			
3			
4			

Client Signature _____ **Date** _____

Witness (Asante Staff) _____

I understand that according to state and federal law I may revoke this release of information at any time, providing I notify Asante Family Agency, in writing to this effect, but that revocation has no effect on actions previously taken. I understand that when we have cause to suspect child abuse or abuse of the elderly or disabled, this is an exception to confidentiality mandated by law. If we have reason to believe that you pose a threat to another person or yourself, this is an exception to confidentiality, as mandated by law.

ATTENDANCE POLICY



Attendance Requirements:



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1. Asante may allow up to 4 absences during the 52 weekly sessions. Each absence must be made up and be of the same program content as the missed session. Thus, a second session may be attended during the week only if it is a makeup session. Makeup sessions do not erase absences. The fourth absence automatically results in immediate termination from the program. An absence cannot be excused, except by order of the court. Any absence deemed excused by the Court must also be made up and be of the same program content as the excused session(s).
2. If the fourth absence is due to an extraordinary circumstance, such as a death in the family, childbirth or an otherwise unforeseeable occurrence, you may request exception from automatic termination from the program by immediately contacting the Program Director and the Supervisor of the referring agency. Prior to contacting the referring agency, you shall verify the reason for the absence with written documentation presented to the Program Director who will make a recommendation based on your current progress in the program and the reason for the absence. The program Unit Supervisor will respond in writing to the Program Director if the exception is to be granted. Note: if you have had four absences within the first twenty weeks of program participation will not be considered eligible for this exception.

Leave of Absence Policy:

You may request a Leave of Absence from participation in the program under the following circumstances:

1. Serious illness which requires hospitalization or medical treatment which would cause inability to attend program sessions for more than two weeks and without which your health would be seriously jeopardized. (Requires documentation from your physician detailing the medical diagnosis, the type and duration of necessary treatment and recuperation.);

Obligation of employment which would cause the defendant to be out of the state/country in excess of two weeks and for which you would lose employment if not granted leave. (Requires written verification from the participant.

2. Employer detailing nature and duration of business trip and statement of necessity for continued employment.);
3. Family emergency which requires you to miss more than two sessions due illness of family member for whom you are the primary caretaker or other extreme family emergency for which your presence is absolutely necessary. (Requires written documentation);



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4. Military Leave (Requires copy of Military Orders);

Upon the request of your Leave of Absence under these or other extreme circumstances, the Program Director will contact the Supervisor of the referring agency for permission to grant a Leave of Absence. Permission to grant a Leave of Absence will then be made in writing upon receipt of all required documentation and following discussion with the program director and the assigned officer. You will provide necessary written documentation to substantiate the need for such a leave. The request shall be made at least two weeks prior to the requested leave period whenever possible. If advance permission is not requested and it is determined that sufficient time for notice did exist, the request will be denied and sessions missed will count as absences. If a leave of absence is granted, the number of sessions missed will not count as absences, but must be made up in accordance with these standards.

Signature _____ Date _____



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Termination Policy

Asante shall establish criteria for termination from the program including, but not limited to the following:

Asante shall immediately terminate you from the program for the following circumstances and provide immediate notification of the termination to the referring party:

- A violation of the terms of a no contact / protective order issued by the criminal or civil court
- A report of any child physical or sexual abuse or elder abuse
- A report of threats, intimidation or violence, or sexual assault
- You attend group under the influence of alcohol or drugs
- You are abusive or violent in group
- Information arising to the need for a Tarasoff warning

Asante shall notify the referring party and/or the probation department within five (5) business days of your termination based on the failure to adhere to the following program requirements:

- You have failed to meaningfully participate in group discussions, have been disruptive in group and/or has failed to benefit from the program.
- You have failed to pay program fees as established by **the program and has ample documentation to determine that you have the financial ability to pay said fees.**
- You have failed to adhere to the attendance requirements.
- You have failed to comply with the program contract or rules.
- You have failed to comply with any of the mandates set forth in these standards.

The termination report shall include:

- Your name, court case number, agency case number, referring party's name, phone number and agency, program name, phone number and contact person, and the date.
- A clear description of the reason(s) for termination, documentation of the notification to the referring party and a final evaluation of your participation and attendance in the program.
- Documentation of any threats, intimidation or acts of violence by the batterer which have come to the attention of the program.

Signature _____ Date _____



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Contract for Participation

Name _____ On _____ I _____ was court _____ ordered _____ volunteered to participate in the Asante counseling/education program.

_____ I understand that a requirement for participation in the Asante includes talking about my current circumstances and accepting responsibility for it.

_____ I understand that there may be a fee for service. If so, I agree to pay the required amount.

_____ I agree to attend an orientation session at Asante Family Agency, (address above) Room _____ on (day/date) _____ (time) _____. If I must miss the orientation, I agree to make arrangements to make it up.

_____ I agree to attend _____ counseling sessions at _____, _____ Groups meet (day/time) _____. I agree to contact my counselor _____

By _____ to make an appointment to start the group. Phone _____.

_____ I agree to attend _____ educational groups at Asante Family Agency (Room _____) to begin (day/time) _____.

_____ Other _____

_____ I understand that I cannot miss more than two sessions during the first 16 week phase and no more than two sessions during the second 12 week phase. I agree to contact my counselor or Asante Family Agency if I will be absent and make up any session missed. Failure to comply will result in suspension and, if court ordered, referral back to the court.

_____ If recommended I agree to obtain a chemical dependency evaluation and follow any recommendations.

_____ I understand that by Civil Protection Order I am excluded from the Petitioner's residence.

_____ I understand that no one, including the Petitioner, _____, can change the Civil Protection Order without the permission of the court. I may ask the court for a review hearing to request changes in the order.

_____ I understand my counselors/facilitators will report my attendance, any acts of violence and an evaluation of my progress to my social worker and, if court ordered, Asante will report information regarding my participation in the program or reported acts of violence to the court. Any violations of Conditions of Probation or Civil Protection Orders are grounds for removal from group and referral back to court.

_____ I understand that Asante may contact (victim) _____ to obtain a history of abuse. They will provide her/him with the name of my counselor. She/he will also be informed of my attendance, any pending court hearing, and suspension or termination of my involvement with Asante Batterer's Treatment Intervention Program.

_____ I agree to notify Asante Treatment Intervention Program of any change of address and telephone number.

_____ I agree to notify Asante Treatment Intervention Program of any further police contact, service of a protection order, or any new or pending charges.

_____ I agree not to be violent with any person during my participation in Asante Batters' Treatment Intervention Program.

I have read this contract and understand my requirements with Asante Treatment Intervention Program. Violation of the civil protection order may result in imprisonment and/or a fine. Violation of conditions of probation may result in revocation of probation and the imposition of the original sentence.

Participant _____ Witness _____

Date _____



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COMPLAINT AND GRIEVANCE PROCEDURES

(INSTRUCTIONS: THE PARTICIPANT IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR'S RECORDS.)

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a grievance.

The following procedures are to be followed when filing a grievance:

1. Identify the complaint/grievance in writing and discuss it with the staff involved
 - Time frame: Within 1 week of discrimination/violation/problem.
 - If resolved at this level, no further action is required. If no resolution is apparent within 10 calendar days, proceed with Step 2.

2. Forward the written complaint/grievance AFA Director
 - Time frame: Within 1 week of Step 1.
 - If resolved at this level, no further action is required. If no resolution is apparent within 20 calendar days, proceed with Step 3.

3. Forward the written complaint/grievance to your DCS Social Worker/probation officer the address provided:
 - Time frame: Within 1 week of Step 2.
 - If resolved at this level, no further action is required.

4. If no solution is apparent after Steps 1-3 have been exhausted forward copy of written grievance to the referring agency.

You will be contacted within 10 calendar days of any actions being taken. Please note: Each of these steps must be completed in the sequence shown.

.....

GRIEVANCE PROCEDURE CERTIFICATION

This is to certify that I have read, understood, and received a copy of the ASANTE FAMILY AGENCY Grievance Procedure.

Signature of Service Recipient

Date



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Group Rules

1. Participants may not miss more than four sessions of the 52-week program and must make up any sessions missed. Participants who miss more than four sessions will be suspended from the group and reported back to the court.
2. Participants must be on time. A participant who is late more than 10 minutes and more than twice will not receive credit for the sessions he is late for.
3. Participants may not use any illegal violence during the 52-week they are in the program. A participant who does so may be required to attend additional sessions, terminated from the program, put in jail, or subject to other consequences.
4. During group discussion, participants may not blame anyone else for their own behavior.
5. Participants must do all assignments in order to receive credit for the session.
6. Participants must keep the names of all other group members confidential.
7. Participants may not use sexist or racist language in group.
8. A participant who is under the influence of alcohol or other drugs will not be allowed to participate in group and will not receive credit for the session.
9. Participants who are disruptive or uncooperative may be suspended from the group.
10. Counselors will notify the Asante program manager if they believe a participant needs to be assessed for alcoholism or drug abuse and refer those participants. Note *The court may order outpatient chemical dependency treatment as a relief in the protection order. Inpatient treatment may be offered as an alternative to a jail sentence if there has been a criminal conviction.
11. Counselors will use their discretion to initiate contact with victims by mail or phone and encourage them to provide additional background history on the relationship and the nature of the abuse. (Although most of this information will have been provided by Asante's intake coordinator, many counselors want to talk with the victim directly.) The counselors will also encourage victims to report any further assaults to him/her or the Asante treatment team, a shelter, advocate or the court.
12. Counseling sessions will focus on:
 - a. Ending the violence, abuse and neglect
 - b. Getting the abuser to take responsibility for abusive acts
 - c. Assisting the abuser to understand the acts of violence, abuse or neglect are used to control
 - d. Examining beliefs that contribute to abusive behavior



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- e. Exploring the effects and impact of violence.
 - f. Using non-abusive and non-controlling behaviors within their families.
13. The Asante treatment team will update counselors on changes in probationary status, orders for protection and reports of additional acts of violence committed by participants in their groups. However, such information from a victim will not be used without her permission. (Note: In many cases counselors are aware of new acts of violence committed by a group member, but they do not conform him because this would further threaten the victim's safety)
14. Repeat Offenses
- a. Counselors will report all acts of violence committed by a participant to the program coordinator and discuss appropriate actions by the program
 - b. The programs coordinator or the counselor will contact the victim to determine the nature of the new offense, injuries, details of the incident and a description of what else is going on in the relationship (e.g. intimidating behavior, psychological control, and the implications to the victim if the court is informed of the new offence.)
 - c. An act of violence will result in a consequence, e.g. revocation of probation, imposition of some jail time, and starting the program over, civil court action or required attendance at an additional number of sessions.
 - d. An individual who commits a repeat offense will be told that his/her involvement at Asante Treatment Intervention Program is on a probationary status.
Participants will remain in group until the criminal or civil court has determined the consequences for the repeat offense.
15. Counselors will report to the program coordinator weekly on attendance at group sessions.
16. Counselors will report any alleged incidents of child abuse to child protection services then the referring agency.
17. Evaluation of abuser groups will be ongoing.
18. Counseling fees will be based on the participant's ability to pay.
19. The program coordinator will inform probation when a participant has completed the mandated program.

Signature _____
Date _____