



VCS Domestic Violence Program for Men

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Registration - Orientation Form

Office Use: Checklist Roster/Phone In Appt Book Timesheets Fee Review

Registrar: _____ Interpreter: _____ Fee Collected: _____

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone/s: 1. _____ 2. _____
Best #(s) to reach you

Section I: Demographics

- Date of birth: _____ Age: _____
- Ethnicity: (✓ all that apply) White Black Hispanic/Latino Caribbean Asian
 Indigenous/Native Native Hawaiian or Other Pacific Islander _____
- Primary Language: _____
- Highest level of education: ✓ one
 Less than High School Some High School High School Grad/ GED Some College: _____ Yrs.
 Vocational School/ Training Assoc. Degree/ Jr College Bachelor Degree Graduate Degree
- Current Employment Status: ✓ all that apply
 Unemployed Employed Student Disabled
- How long have you lived in your present home? _____
If less than 6 months, how long did you live in your previous residence? _____
- What is your marital or relationship status?
 Single Married Live-In Separated Divorced

Section II: Confidentiality Disclaimer & Weapon Prohibition

The Domestic Violence Program for Men provides the referring agent with reports of your attendance and of your adherence to other program policies that will be explained in this registration session. The Domestic Violence Program for Men is not a form of mental health treatment and is not confidential. In addition, should staff deem that you are in imminent danger of harming yourself or anyone else, VCS is required to contact appropriate authorities and attempt to alert any intended victim. Suspicion of child abuse or neglect must also be reported.

Your initials indicate that you understand these policies.

Participant's Initials

No weapons of any kind are permitted on the premises of the Domestic Violence Program for Men. That includes **anything** that may be considered a weapon such as a pocket or utility knife. Your initials demonstrate your commitment that you will not carry a weapon as defined above.

Participant's Initials

Section III. Policy and Attendance Requirements: Give the Participant Pamphlet to registrant.

You are required to attend the Domestic Violence Program for Men, 1½ hours weekly for the duration of your court order. To do so, you must be able to sit for 90 minutes in the Domestic Violence Program for Men meetings. Are you able to do so? Yes No If no, please explain: _____

Your order is a:

52 session order

You may be absent up to 6 times, if a 7th session is missed you will be dismissed

You may only take three absences in the first 26 sessions

26 session order

You may be absent up to 3 times, if a 4th session is missed you will be dismissed

All allowed absences extend the length of time it takes to complete your order.

- Absence restrictions:
 - You may only take one absence in the first four sessions held
 - After the first four sessions, you may only be absent two times in a row

More than this will result in dismissal. (Please note: There are no excused absences.)

Any session missed due to office cancellation, holiday or religious observance extends the length of time it takes to complete your order.

The program is providing you with a calendar so that you may keep a record of your attendance. If you wish to obtain a *non-official* attendance record, there is a cost of \$10.00.

All messages or questions you may have regarding the Domestic Violence Program for Men must be handled directly by you. Please do not ask anyone to call on your behalf. (Exception for Interpreters)

Please inform the office immediately if your primary phone number changes, as there are times we may cancel a session at the last minute.

Admittance requires being on time. Instructors will not allow late comers to enter.

To enter each session, you must bring your fee card. (I will give you one when we establish your fee in a few moments.) Lost fee cards can be replaced at a cost of \$3.00 as each session begins. FYI: If your cell phone takes photos, you may take a picture of your fee card and use that to show as you enter.

You must pay your weekly fee by money order or cash in *exact dollar amount* at the start of each session. Instructors are not permitted to accept coins or to make change.

You are expected to be alcohol and drug free the day of each session. If staff *suspect* drug or alcohol use, you may be dismissed. If you are dismissed, you will be marked absent from that session and your fee will not be refunded.

You are expected to be awake. You may not sleep, nap or doze nor appear to be sleeping, napping or dozing in session. If staff *thinks* that you are, you may be dismissed. If dismissed, you will be marked absent from that session and your fee will not be refunded.

You are expected to interact respectfully during your involvement in the Domestic Violence Program for Men. Disruptive, intimidating or disrespectful behavior toward anyone, at any time, on the telephone or in person, may result in a range of consequences, up to and including dismissal from the program.

If you are asked to leave a session or if you choose to leave a session for any reason, including to use the restroom or to use your phone, do so knowing that you may not return, you will be marked absent and your fee will not be refunded.

You may be asked to leave a session, at any time, for any reason, by staff. You are expected to do so quickly and respectfully. Staff will not discuss the incident at that time. Should you wish a review, you may request one by calling the office weekdays between 9AM and 5PM.

Your signature indicates that you understand and agree to abide by these policies.

Participant’s Signature: _____

Date: _____

Registrar’s Signature: _____

Date: _____

Section IV: Participation

1. Please choose a site to attend. _____
Site Day Time
2. You must begin attending within 2 weeks. Please chose your start date _____
Date

Section V: Financial Information (Questions to establish fee.)

1. Did you bring proof of income? No (**SKIP TO #4 – FEE IS \$90**) Yes (Check all that apply)
 Current pay stub W2 Form Letter from employer Unemployment/Assistance Verification
 Supporting letter. Indicate relationship of writer to registrant: _____
2. Based on proof of income, check fee. Unemployed - \$15 fee
 Under \$20,000 (under \$10 per hour) \$20 fee \$20,000 - \$30,000 (\$10 - \$15 per hour) \$30 fee
 \$30,000 - \$40,000 (\$15 - \$20 per hour) \$40 fee \$40,000 - \$50,000 (\$20 - \$24 per hour) \$50 fee
 \$50,000 - \$60,000 (\$24 - \$29 per hour) \$60 fee \$60,000 - \$70,000 (\$29 - \$34 per hour) \$70 fee
 \$70,000 - \$80,000 (\$34 - \$38 per hour) \$80 fee Over \$80,000 (over \$38 per hour) \$90 fee
3. Your weekly fee is \$ _____. A fee review may be requested by you or by staff, at any time, to assess any changes in income. Fees must be paid by money order or cash in exact dollar amount, no coins. (skip to Section III)
4. If you did not bring paperwork, your fee will be set at \$90. If this fee is beyond your means, you may request that I set a fee review appointment which will be held 15 minutes before your first session begins.

Note to Registrar: If Registrant indicates he cannot pay \$90, review requirements and then set appt:
Requirements - Inform registrant that he must:

- Bring his card or there will be a \$3 charge for a new card.
- Did you give participant a Fee Card? Yes No Be on time for the fee review to take place.
- Bring bills to pay in exact amount if new fee. Bring paperwork to confirm income. (To be filed at VCS.)

Copy of a current pay stub **or** W2 form **or** a letter from employer showing hourly wage

- Copy of Unemployment / Public Assistance verification
- If you have a Public Defender, Legal Aid or 18B attorney, a copy of the referral form.
- *ONLY for those who do not have above documentation.* You may bring a letter about your financial status **which must include the name, address and phone number of the writer and their relationship to you.** The letter must not be from you or a current or former partner. This letter may be verified by a call to the writer.

Set appointment location: _____ Date: _____ Time: _____

Section VI: Evaluation of Appropriateness for Attendance (To be filled out after registration)

1. Please rate appropriateness based on conduct, cooperation and demeanor during registration.

| | | | | | | |
|----------|---|---|----------|-----|-----|------------|
| 1 | 2 | 3 | 4 | 5 * | 6 * | 7 * |
| Suitable | | | Not sure | | | Unsuitable |
2. Registrar decision regarding acceptance into the Domestic Violence Program for Men.
Please ✓ one: Accepted Not accepted * Undecided *

*** Indicate why this rating on other side.**

Registrar Call in Instructions

- Say: 1. Registrant’s Name 2. Decision regarding acceptance - if not accepted or undecided, why?
3. If accepted, indicate site chosen, start date, weekly fee and fee review appointment (if applicable) 2018