HOPE'S DOOR
NEW BEGINNING
CENTER

Building Lives Without Violence

BIPP

Batterer's Intervention & Prevention Program

Intake & Orientation Packet

HOPE'S DOOR NEW BEGINNING CENTER
Building Lives Without Violence

Hope's Door New Beginning Center
Battering Intervention and Prevention Program
Intake Information Sheet

CLIENT INFORMATION:

Name: _____ Driver's License or ID # _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (_____) _____ Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White ☐ Other

LGBT: ☐ N/A ☐ Lesbian ☐ Gay ☐ Transgender ☐ Bisexual ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Living Situation: ☐ With Partner ☐ Alone ☐ Friend ☐ Relatives

Check all that apply: ☐ US citizen ☐ Immigrant ☐ Disabled

Emergency contact person: _____ Phone: (_____) _____

Relationship to you: _____

REFERRAL SOURCE INFORMATION:

Date Referred to Hopes Door New Beginnings Center: _____

Who referred you to us: ☐ Court ☐ Probation ☐ Parole ☐ CPS ☐ Self ☐ Other: (list) _____

Name of agency that referred you: (Probation/ Probation/CPS/ Attorney/Etc.:

_____

Name of person that referred you: _____

Referral source phone number: _____

Referral source email: _____

Your Case/TDJC Number: _____

Have you been involved with BIPP Program before? ☐ Yes ☐ No

If so when, where? _____

Do you currently have a Protective Order or Restraining Order against you? ☐ Yes ☐ No

If yes, is it a P.O. or R.O.?_____ For what are the dates is it in effect?_____

Are you under a "No Contact Order"? ☐ Yes ☐ No

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EDUCATION AND EMPLOYMENT (CHECK ONE)

Education: ☐ Less than High School ☐ High School ☐ Vocation School ☐ Some College
☐ College Graduate ☐ Post Graduate School

Employed: ☐ Full time ☐ Part time ☐ Student ☐ Disability ☐ Retired ☐ None

Occupation: _____

Employer: _____ Length of Employment: _____

Annual Income: _____ Household size: _____

PARTNER INFORMATION (Put a check mark next to identified victim)

Current *Partner's Name*: _____ Home Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Former *Partner's Name*: _____ Home Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION:

Did the incident bringing you here involve your current partner? ☐ Yes ☐ No

Have the police been called to your home before for domestic violence? ☐ Yes ☐ No

How many episodes of violence have occurred in the last year, or within the relationship? _____

Have you previously been arrested for domestic violence? ☐ Yes ☐ No If yes, how many times? _____

Have you noticed that the violence is increasing in frequency and/or severity over time? ☐ Yes ☐ No

As an adult, have you been arrested for using violence against someone other than an intimate partner?

☐ Yes ☐ No

As an adult, have you ever used violence against someone you weren't dating or married to? ☐ Yes ☐ No

As an adult, have you struggled with anger issues? ☐ Yes ☐ No

If you have a court case against you, what is the status of that case? _____

Have you ever been in the military? ☐ Yes ☐ No If yes, what were the dates of your service? _____

Branch of Service? _____ Active Combat? ☐ Yes ☐ No ☐ NA

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LIVING ARRANGEMENTS

At time of incident: ☐ Alone ☐ With Partner & Kids ☐ With Kids ☐ Roommate ☐ Family ☐ Other

Current: ☐ Alone ☐ With Partner & Kids ☐ With Kids ☐ Roommate ☐ Family ☐ Other

VICTIM INFORMATION

Relationship to Victim: ☐ Current Partner ☐ Former Partner ☐ "other" relationship

(if "other", please explain context) _____

Gender of Victim: ☐ Male ☐ Female ☐ Transman ☐ Transwoman ☐ Other Age of Victim: _____

Currently Living with Victim: ☐ Yes ☐ No

USE OF ALCOHOL:

Past? ☐ Yes ☐ No How much? _____ How often? _____

Current? ☐ Yes ☐ No How much? _____ How often? _____

USE OF DRUGS:

Past? ☐ Yes ☐ No How much? _____ How often? _____

If yes, what was your drug(s) of choice? _____

Current? ☐ Yes ☐ No How much? _____ How often? _____

Have you ever had a Chemical Dependency evaluation? ☐ Yes ☐ No

If yes, what were the results? _____

Have you ever been in treatment for Chemical Dependency? ☐ Yes ☐ No

If yes, where? _____ When? _____

Have you ever sustained any head trauma injuries? ☐ Yes ☐ No

If yes, where? _____

Do you have a history of episodes of blackouts? ☐ Yes ☐ No

If yes, explain: _____

Are you currently taking any medications (including mental health)? ☐ Yes ☐ No

If yes, please list: _____

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MENTAL HEALTH HISTORY

Are you currently in counseling for any reason? If yes, please describe: _____

_____

Have you received counseling or domestic violence services in the past? ☐ Yes ☐ No

If yes, please indicate where: _____

If hospitalized for mental health reasons, indicate dates of admission: _____

Do you have any mental health diagnoses: If so, what are they? _____

Have you ever considered suicide? ☐ Yes ☐ No If yes, did you ever attempt suicide? ☐ Yes ☐ No

If yes, how long ago did you attempt suicide? _____

Have you considered suicide recently? ☐ Yes ☐ No If yes, do you have a plan? ☐ Yes ☐ No

Have you considered homicide in the past? ☐ Yes ☐ No

If yes, did you ever attempt homicide? ☐ Yes ☐ No

How long ago did you attempt homicide? _____

Have you considered homicide recently? ☐ Yes ☐ No If yes, do you have a plan? ☐ Yes ☐ No

CHILD DISCIPLINE HISTORY

Do you have any children? ☐ Yes ☐ No If yes, from this relationship or previous? _____

Do they live with you? ☐ Yes ☐ No If no, with whom do they live with? _____

Names, gender and age: _____

_____

How do you discipline your children or stepchildren? _____

When your children misbehave what do you do? _____

When the abusive incident (s) occurred where were your children? _____

Do you think they witnessed or heard the incident? _____

Do you think they have been impacted by the incident (s)? _____

Has or is Texas Department of Protective and Regulatory Services (TDPRS) OR Child Protective Services (CPS) ever been involved with your family? ☐ Yes ☐ No

TDPRS Worker: _____ City/State _____

Result of Case: _____

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CHILDHOOD HISTORY

Who raised you? _____

If other than parents, why? _____

Did you ever witness violence between your parents growing up? ☐ Yes ☐ No

If yes, please explain: _____

If there was violence, how did you feel about the physical abuse between your parents? _____

Did you ever physically attack one of your parents? ☐ Yes ☐ No

If yes, who and why? _____

Were you abused as a child? ☐ Yes ☐ No If yes, by whom? _____

Was this abuse ☐ physical ☐ neglect ☐ verbal ☐ religious ☐ sexual ☐ emotional

Who was the primary disciplinarian in your home? _____

What type of discipline was used on you as you were growing up? _____

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ABI

Client Name: _____ Date Completed: _____

Please rate how often you used these behaviors in your relationship with your current partner during the **six (6) months before today.** If you are no longer in a relationship with you partner, then rate **the last six (6) months** you were together.

	NEVER (1)	RARELY (2)	OCCASIONALLY (3)	FREQUENTLY (4)	VERY FREQUENTLY (5)
1. Called them a name and/or criticized them					
2. Tried to keep them from doing something they wanted to do (example: going out with friends, going to meetings)					
3. Gave them angry looks or stares					
4. Prevented them from having money for their own use					
5. Ended a discussion with them and made the decision yourself					
6. Threatened to hit them or throw something at them					
7. Pushed, grabbed or shoved them					
8. Put down their family or friends					
9. Accused them of paying too much attention to someone or something else					
10. Put them on an allowance					
11. Used their children to threaten them (example: told them that they would lose custody, said you would leave town with the children)					
12. Became very upset with them because dinner, housework, or laundry was not ready when you wanted it or done the way you thought it should be done					
13. Said things to scare them (example: told them something "bad" would happen or threaten to commit suicide)					
14. Slapped, hit, or punched them					
15. Made them do something humiliating or degrading (example: begging for forgiveness, having to ask for permission to use the car or do something)					
16. Checked up on them (example: listened to their phone calls, checked the mileage on their car, called them repeatedly at work)					
17. Drove recklessly when they were in the car					
18. Pressured them to have sex in a way that they didn't want					
19. Refused to do housework or take care of children					
20. Threatened them with a knife or gun					
21. Told them they were a bad parent					
22. Stopped or tried to stop them from going to work or school					
23. Threw, hit, kicked. or smashed something					
24. Kicked them					
25. Physically forced them to have sex					
26. Threw them around					
27. Physically attacked the sexual parts of their body					
28. Choked or strangled them					
29. Used a knife, gun or other weapon against them					

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Locus of Control

Client Name: _____ Date of Birth: _____

Instructions: Mark the statement that best describes your beliefs.

1. ____Many of the unhappy things in people's lives are partly due to bad luck.
   ____People's misfortunes result from the mistakes they make.

2. ____One of the major reasons why we have wars is because people don't take enough interest in politics.
   ____There will always be wars, no matter how hard people try to prevent them.

3. ____In the long run, people get the respect they deserve in the world.
   ____Unfortunately, an individual's worth often passes unrecognized no matter how hard he or she tries.

4. ____The idea that teachers are unfair to students is nonsense.
   ____Most students don't realize the extent to which their grades are influenced by accidental happenings.

5. ____Without the right breaks, one cannot to be an effective leader.
   ____Capable people who fail to become leaders have not taken advantage of their opportunities.

6. ____No matter how hard you try, some people just don't like you.
   ____People who can't get others to like them don't understand how to get along with others.

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7. ____I have often found that what is going to happen will happen.
____Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

8. ____In the case of the well-prepared student, there is rarely, if ever, such a thing as an unfair test.
____Many times, exam questions tend to be so unrelated to the course work that studying is really useless.

9. ____Becoming a success is a matter of hard work; luck has little or nothing to do with it.
____Getting a good job depends mainly on being in the right place at the right time.

10. ____The average citizen can have an influence in government decisions.
____This world is run by the few people in power, and there is not much the little guy can do about it.

11. ____When I make plans, I am most certain that I can make them work.
____It is not always wise to plan too far ahead because many things turn out to be a matter of luck anyways.

12. ____In my case, getting what I want has little or nothing to do with luck.
____Many times, we might just as well decide what to do by flipping a coin.

13. ____What happens to me is my own doing.
____Sometimes I feel that I don't have enough control over the direction my life is taking.

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Conflict Tactics Scale

Client Name: _____ Date Completed: _____

Indicate how often you might have done each of the following in the last three months.

	Number of Occasions	1	2	5	10	20	20+	Never
A	Discussed the issue calmly							
B	Got information to back up (your/partner's) side of things.							
C	Brought in or tried to bring in someone to help settle things.							
D	Argued heatedly, short of yelling							
E	Insulted, yelled, swore at the other							
F	Sulked or refused to talk about it							
G	Stomped out of the room/ house/yard							
H	Cried							
I	Did or said something to spite the other							
J	Threatened to hit or throw something							
K	Threw/smashed/hit/ kicked something							
L	Threw something at the other							
M	Pushed/shoved/grabbed the other							
N	Slapped the other person							
O	Kicked, bit, or hit with a fist							
P	Hit (or tried to) with something							
Q	Threatened with a knife or gun							
R	Used a knife or gun							
S	Other							

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Batterer's Intervention and Prevention Program

Victim Information Sheet/Consent for Disclosure to Victim

Client Name: _____ Date of Birth: _____

As a requirement of participation in the BIPP Program, you are required to disclose the name and contact information of the alleged victim of the incident that you brought you here:

Victim Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Primary Language Spoken: English _____ Spanish _____ Other _____

Are you still in a relationship with the victim? Yes _____ No _____

If you do **not** know the victim's information, please read and sign the following:

I acknowledge that I do NOT know or have access to the mailing address or telephone number of the victim I listed above, and I do not have any other contact information for them.

_____ _____
Signature of Client Date

Please initial next to each statement once you have read it:

_____ I understand that, as a condition of my participation in this program, I am required to sign this consent for certain information to be released to the victim named above. This information includes my start date, my exit date, and information on the program length and requirements.

_____ I understand that by signing this form I am consenting for the above information to be released to the victim that I have listed.

_____ I understand that no other information will be released to the victim without my specific consent.

_____ I understand that the victim may disclose information to the BIPP Program, but at no time will that information be released to me.

_____ _____
Signature of Client Date

_____ _____
Signature of Agency Representative Date

HOPE'S DOOR NEW BEGINNING CENTER
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Confidentiality Policy and Release of Information

Client Name: _____ Date of Birth: _____

Confidentiality and Records Policy:

Confidentiality is defined as keeping private the information you share with your facilitator. A summary of our communication may become part of the clinical record that we retain. HDNBC personnel may access your records for data collection, case staffing, joint case management, or clinical supervision. All staff members are required to respect the privacy of your records. A statement signed by you is required before any information may be released to entities outside Hope's Door New Beginning Center with the following exceptions:

1. As required for your participation in the program, specifically a release for the victim and for the Texas Department of Criminal Justice.
2. If it is determined that you are a danger to yourself or others.
3. A court of law subpoenas your records.
4. You disclose a previous mental health professional has been sexually exploitative or inappropriate with you.
5. Any instances of suspected or confirmed child/elder abuse or neglect, which are required to be reported by law in accordance with HHSC rules and regulations.

With the exception of the above instances, you have the right to refuse the release of information to other individuals or agencies, however your refusal may place you in non-compliance with the BIPP Program rules. You will be notified if this is the case.

As a condition of your participation, you are required to keep confidential any information that you learn about other clients who are receiving services from this agency.

Release of Information to Texas Department of Criminal Justice-CJAD:

As a condition of your participation in this program, and as a requirement in accordance with TDCJ-CJAD guidelines, you are required to consent to disclosure of your information to TDCJ-CJAD. This information is released primarily for the purpose of program assessment and other research projects performed by TDCJ and specific information is not released to the public.

Release of Information to Referral Source:

Please check the referral source:

_____ Parole _____ Probation _____ District/County Court _____ DFPS (CPS)

_____ Your attorney Name of attorney (if applicable): _____

_____ District Attorney's Office (Select: Dallas or Collin)

Please initial next to each statement once you have read it:

_____ I understand that the BIPP Program staff will contact my referral source to provide updates on my behalf.

_____ I understand that the information is limited to my attendance, participation, information exchange, coordination of services and referrals.

_____ I understand that if I wish for BIPP Program staff to provide other information, then I will need to notify staff in writing of my request.

_____ I understand that I may revoke this consent at any time and that my request for revocation must be in writing. If not earlier revoked, this consent for disclosure of information shall expire 30 days after my completion of or termination from the BIPP Program.

_____ I understand my right to confidentiality. I further understand that this consent form gives BIPP Program staff permission to share confidential information about me in the way described above.

_____ _____

Signature of Client Date

_____ _____

Signature of Agency Representative Date

HOPE'S DOOR NEW BEGINNING CENTER
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Client Participation Agreement

Client Name: _____ Date of Birth: _____

1. I agree or have agreed to attend 24 education groups (1 ½ hours a week) and 1 individual exit session at HDNBC BIPP Program at one of the following locations:
    a. 808 W. Avenue A, Garland, Texas 75040
    b. 860 F. Avenue, Plano, Texas 75074
    c. 1010 N. Cadiz Street, Dallas, Texas (Parole Building)
    d. McKinney Hospital

Beginning _____ from _____ to _____.
(Date & Day of the week) (Start Time) (End Time)

2. I understand that a requirement for participation in the HDNBC BIPP Program includes talking about my use of violence and/or abusive behavior and accepting responsibility for it.
3. I understand and agree to contact HDNBC if I will be absent, and I must make up and pay for any missed groups. I understand and agree that if I receive the DA grant, that grant will not cover any cost of being absent, and that I am responsible for the full payment of the group.
4. I understand and agree that during the duration of the program I can only incur 5 absences (including absences based on non-payment). I also understand and agree that on the 5th absence I will be automatically dismissed, and all referral sources will be notified.
5. I understand and agree that I must pay for each session at the beginning of the group, or I may pay for all 24 group sessions at one time. I also understand that if I do not pay the FULL group fee, I will not be allowed to stay in the group. I also understand and agree that this will count as an absence.
6. I understand and agree that HDNBC BIPP staff will contact my victim and/or partner to obtain a history of abuse and provide information about the HDNBC resources that are available. They will be provided with our contact information so that they can receive updates. They may also be contacted periodically by staff and will be informed of my completion or dismissal from the BIPP Program.
7. I understand and agree that on or about the 12th week of my group session, there will be a review session of my progress in the Battering Intervention Program.
8. I understand and agree that my financial obligation for Intake/Orientation is $50. I understand that this is a one-time fee and is not counted towards my group sessions. I understand that I must pay the full amount at the time of Intake and Orientation. If I receive the DA grant my intake/orientation fee will be $35.00.
9. I understand and agree that after intake and orientation, I am assigned and agree to a specific group time and day each week. I understand and agree that if I do not show up for the first group I will be automatically dropped from the program. If I come back within 30 days, I will have to pay the applicable fee of $25.00. However, if it is more than 30 days, I will have to go through another intake and orientation and pay the full price of ($50). Therefore, it is strongly encouraged that you do not miss the first group.

10. I understand and agree that my financial obligation is $30.00 for each week for 24 weeks after the above start date if I do not receive the DA grant.
11. I understand and agree that if I receive financial assistance (DA grant) my financial obligation will be $15.00 per group for 24 weeks.
12. I understand and agree that financial consequences are one way that I am being held accountable for my abuse.
13. If I am hospitalized, I understand and agree that proof of hospitalization may result in an alternative absence schedule. I understand and agree that my being hospitalized and having proof (i.e. admittance and discharge papers) of said hospitalization is the only way to be Re-instated into the program.
14. I understand and agree that if, after being dismissed from BIPP, if allowed by the program to re-start, I will re-start from week #1, regardless of the number of weeks I had when dismissed.
15. I understand and agree that any reports of abuse are grounds for automatic dismissal from New Beginning Center BIPP. I also understand and agree to follow federal firearm restrictions related to domestic violence offenses.
16. I understand and agree to notify Hope's Door New Beginning Center BIPP of any change of address or phone number.
17. I understand and agree to not disclose information disclosed in group outside of the group setting.
18. I understand and agree that I am not allowed to record (via phone, recorder, or any other electronic device) any group meetings, individual meetings, or any other meetings. This would result in an automatic dismissal.
19. I understand and agree that I must follow the Group Rules and comply with the Dress Code. If I violate these rules, I can be asked to leave a group session or dismissed from the program.
20. I understand that I may be exited from the program, before competition, for any of the following additional reasons:
    a. Continued violent or abusive behaviors.
    b. Violation of any condition of probation or parole.
    c. Non-compliance with participant obligations or other written agreements.
    d. Non-compliance of fee requirements.
    e. Violation of Group Rules.
21. **I AGREE NOT TO BE VIOLENT WITH ANY PERSON DURING MY PARTICIPATION IN BIPP**

By signing below, I indicate that I have read and understand the BIPP Client Participation Agreement. I also understand that if I violate this agreement, I may be asked to leave a group session and/or be exited from the program.

_____ _____

Signature of Client Date

_____ _____

Signature of Agency Representative Date

HOPE'S DOOR NEW BEGINNING CENTER
Building Lives Without Violence

Program Obligations and Consent for Treatment

Client Name: _____ Date of Birth: _____

Hope's Door New Beginning Center is a non-profit organization that provides services to victims and perpetrators of domestic violence.

Hope's Door New Beginning center BIPP Program agrees to the following:

1. To provide services in a manner that I can understand.
2. To provide me with a copy of written agreements.
3. To notify me of changes in group times and/or schedules.
4. To comply with anti-discrimination laws.
5. To make monthly reports to my referral source regarding my participation in the BIPP Program.
6. To treat me in a way that is fair.

Staff Qualifications:

The staff providing the above services include counselors, social workers, interns, and other staff. Counseling services and group sessions will be provided by counselors who have a bachelor's or master's degree in counseling, psychology, social work, or a related field. Services may also be provided by an intern completing his or her course of work, under the supervision of a licensed professional.

CONSENT FOR TREATMENT

I understand Hope's Door New Beginning Center's Battering Intervention and Prevention Program obligations as stated above and consent to receive services:

_____ _____
Signature of Client Date

_____ _____
Signature of Agency Representative Date

HOPE'S DOOR NEW BEGINNING CENTER
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Group Rules and Dress Code

Client Name: _____ Date of Birth: _____

The following are the rules I will follow for each Group Session:

1. I will remain nonviolent and not use threats while involved with Hope's Door New Beginning Center BIPP Program.
2. I will come to class free of influence of alcohol or illegal drugs.
3. I will avoid using racist or sexist language.
4. I will participate in class discussions and cooperate with BIPP staff/facilitators
5. I will come to class on time and stay until the end of class.
6. I will accept responsibility for my actions. I will focus on myself.
7. I will refer to my partner or ex-partner by his/her first name (Mary not the "old lady", "baby mama").
8. I will keep names and personal information I hear in class confidential.
9. I will turn cell phones off during group time.
10. I will comply with the Dress Code:
    a. I will be well groomed at all times.
    b. I will not wear clothing and/or paraphernalia that may be degrading or offensive to other members of the group.
    c. I will not wear clothing that is too revealing.
    d. All offensive tattoos must be covered at all times.
    e. Male clients will remove hats while in the building.

By signing below, I indicate that I have read and understand the BIPP Group Rules and the Dress Code. I also understand that if I violate these rules, I may be asked to leave a group session and/or be exited from the program.

_____ _____
Signature of Client Date

_____ _____
Signature of Agency Representative Date

Client Grievance Policy

Hope's Door/New Beginning Center (HDNBC) is committed to providing the highest quality of services to all persons whose lives are affected by domestic violence. If a person receiving services at HDNBC is not satisfied with the services being provided or experiences a situation that cannot be resolved satisfactorily between themselves and a staff person, volunteer, or intern, he or she will be provided the opportunity to initiate a grievance with HDNBC and the Texas of Health and Human Services Commission (HHSC) to further assist him or her in resolving the matter.

CLIENT GRIEVANCE PROCEDURE:
The following procedure should be implemented by the Program Participant:

1. Discuss the matter with the staff, volunteer, intern, or representative of the agency to seek a satisfactory resolution.
2. In the event that a satisfactory resolution cannot be achieved, the Program Participant shall make an appointment with the Manager in the program where services are being received.
3. If a conference between the Program Participant and the Manager of the program does not achieve resolution the client shall make an appointment with the Director of Client Services for further discussion.
4. If no resolution has been reached, the Program Participant may then schedule an appointment with the Chief Executive Officer of the Agency.
5. If the steps taken above fail to achieve satisfactory resolution of the matter, the Program Participant may request a conference to present the matter to the Personnel Committee of the Board of Directors.

All Program Participant grievances should be documented by the Director of Client Services where services have been provided and kept for record. A copy of this grievance should be submitted to the Director of Client Services and the Chief Executive Officer.

Each step of the outlined procedure should be carried out within a period of five working days except for appointments with the Chief Executive Officer and the Personnel Committee which will be scheduled in a timely manner as these parties are available.

In addition to an oral conference throughout this process, the Program Participant shall submit in writing a statement of the grievance issue to the Director of Client Services where services are being received. The information on the next page is provided in the event the Program Participant finds it necessary to file a grievance with the HHSC and/or the counselor's licensing board.

Texas Health and Human Services Commission
4900 North Lamar Blvd.
Austin, Texas 78871-2316
512 424 6500
TDD 512 424 6597

If your counselor is a Licensed Professional Counselor (LPC) contact:
Texas State Board of Examiners of Professional Counselors
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
1-800-942-5540

If your counselor is a Licensed Social Worker (LMSW) contact:
Texas State Board of Social Work Examiners
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
1-800-232-3162

Client Grievance Policy

I _____, have received and read a copy of Hope's Door/New Beginning Center Client Grievance Policy. The grievance policy was explained to me, and I understand that I may file a grievance if I feel I have been treated unfairly or in a less than supportive manner during my time of services at Hope's Door/New Beginning Center.

_____ _____
Signature of Client or Managing Conservator Date

_____ _____
Agency Representative Signature Date

HOPE'S DOOR NEW BEGINNING CENTER
Building Lives Without Violence

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last **2 weeks**, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself	☐	☐	☐	☐
	add columns		+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	TOTAL:			

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓ s in the shaded section (one of which corresponds to Question # I or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question # 1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

I. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day= 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = O; Several days = I;
More than half the days = 2; Nearly every day =
3

Interpretation of Total Score

	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐
3. Worrying too much about different things	☐	☐	☐	☐
4. Trouble relaxing	☐	☐	☐	☐
5. Being so restless that it's hard to sit still	☐	☐	☐	☐
6. Becoming easily annoyed or irritable	☐	☐	☐	☐
7. Feeling afraid as if something awful might happen	☐	☐	☐	☐
Add the score for each column	+	+	+	
Total Score *(add your column scores)=*				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A briefmeasure for assessing generalized anxiety disorder. Arch lnem Med. 2006;166:1092-1097.

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Acknowledgement of Receipt of Documents

Client Name: _____ Date of Birth: _____

Please initial next to each paragraph once you have read it and to confirm your receipt of the named document:

_____ 1. I have received a copy of the *Victim Information Sheet/Consent for Disclosure to Victim* form. I have filled it out as completely as I can.

_____ 2. I have received a copy of the *Confidentiality Policy and Release of Information*. I have signed the policy and filled out the release.

_____ 3. I have received a copy of the *Client Participation Agreement*. I have signed and agreed to follow the agreement.

_____ 4. I have received a copy of the *Program Obligations and Consent for Treatment* form. I have signed the consent.

_____ 5. I have received a copy of the *Group Rules and Dress Code*. I have agreed to follow them.

_____ 6. I have received a copy of the *HDNBC Client Grievance Policy*.

_____ 7. I have completed the *Patient Health Questionnaire (PHQ-9).*

_____ 8. I have completed the *Generalized Anxiety Disorder (GAD-7) Scale.*

_____ _____
Signature of Client Date

_____ _____
Signature of Agency Representative Date