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The House Next Door

Parenting Department

Client Intake Packet

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Parenting Class Intake Form: Making Changes/Step by Step

Today's Date: ____/____/____ Start Date of Class:_____

Client Name: _____ Date of Birth: _____/_____/_____

Social Security #: _____-_____-_____

What sex were you assigned at birth, on your original birth certificate? : ☐ Male ☐ Female

Race: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ BiRacial ☐ Other

Ethnicity: ☐ Hispanic or Latino Ethnicity Detail: ☐ Puerto Rican ☐ Cuban ☐ Mexican ☐ South American ☐ Other Hispanic

If client is a minor, print name of parent/guardian: _____

Mailing Address: _____

Home Phone # (_____)_____-_____ Cell Phone #: (_____)_____-_____

OK to contact at home or leave a message? ☐ Yes ☐ No What hours?: _____

Receiving public Assistance? ☐ Yes ☐ No SSI? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No

Annual Household Income: _____ # of people in the household: _____

First Name	Last Name	DOB	Sex	Relationship

Email:_____

Religious Affiliation:_____ Are you a veteran?: ☐ Yes ☐ No

Martial Status of Parent or Guardian:_____ Are you a citizen? ☐ Yes ☐ No

Where are your children located? Is DCF/CPC Involved? ☐ Yes ☐ No

☐ Biological Family ☐ Step-Parent Family ☐ Singe Parent Family ☐ Other (specify):_____

Employer/School:_____

Person to be contacted in an emergency: _____ Phone #:_____

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Have you, or any member of your immediate family: 1) ever been in a House Next Door program before? ____
If yes, type of program and where? _____

I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

☐ By checking the box I acknowledge that I have read, understand and I am consenting to this form.

_____ _____

Client Signature Date

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Client Rights & Responsibilities

The House Next Door is committed to providing service to you [the client] without regard to race, sex, color, religion, handicapping condition, national origin, or ability to pay in a manner appropriate to your need.

AS A CLIENT OF OUR AGENCY, YOU HAVE THE RIGHT TO:

INDIVIDUAL DIGNITY, to be treated in a respectful and confidential manner.

NONDISCRIMINATORY SERVICES, to be provided services without regard to race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, or prior service departures against medical advice; to be afforded the opportunity to participate in the formulation and periodic review of your individualized service plan.

QUALITY SERVICES, suited to your needs, administered skillfully, safely, humanely, with full respect for your dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

WITHDRAW YOUR CONSENT for any specific activity with no penalty from the agency.

CONFIDENTIALITY OF CLIENT RECORDS, The House Next Door has the obligation to obtain your written consent prior to any exchange of confidential information. There are a few exceptions to confidentiality which are listed below:

- If you present a danger to yourself or others, we are legally, ethically and morally required to protect the safety of the threatened person(s). If abuse or neglect of a child, elder or disabled person is known or suspected, we are required to report it to the Florida Abuse Hotline.
- If our agency receives a court order for client records, staff deposition or court testimony, we are required to comply. We are also required to report attendance compliance by court ordered clients.
- In the course of review of records on agency premises by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose client names or other identifying information and must be in accord with federal confidentiality regulations.

In the event that group services are provided, it is acknowledged that HND or its staff cannot be held responsible for a breech of confidentiality on the part of a peer group member.

EXPRESS DISSATISFACTION with agency services directly to the Operations Director or to the Executive Director. Forms are available at the front desk at every site to submit a written concern or both the Operations Director and the Executive Director can be reached at 734-7571, Monday – Friday.

AS A CLIENT OF OUR AGENCY, YOUR RESPONSIBILITIES INCLUDE:

Appointments: Regular attendance is very important to ensure progress with the concerns and issues that have been presented. If there is an emergency and you need to cancel or reschedule an appointment, please call the office as soon as you know of this change to reschedule. **Participation**: Your honest and accurate reporting of dilemmas and concerns is vital to your progress. To the best of your ability, you must be open and honest in your sessions and strive to follow the recommendations in your service plan. **Safety**: It is important that you and your children exercise appropriate caution, control and safe behavior on the premises. **Termination**: Services may be discontinued for repeatedly missed appointments; if you come to appointments intoxicated and/or under the influence of substances; or if you show evidence of inappropriate behavior. You [the client] are asked to sign below to verify that you have been made aware of your rights and responsibilities and the policies on confidentiality and have received a copy of both the agency's Notice of Privacy Practices and these rights and responsibilities.

☐ By checking the box I acknowledge that I have read, understand and I am consenting to this form.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

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The House Next Door

Making Changes/Step by Step Parenting Program
Program Goals & Contract

The goals of Making Changes: To strengthen and enhance the relationship between parent and child, to increase the parents' knowledge of the capabilities of children at various ages, to help parents establish age-related expectations for their children's behavior and to share behavior management and discipline methods that do not involve spanking or hitting. In addition, the program will aim at encouraging parents to be aware of their own social/emotional needs and to find ways to meet their needs.

Benefits/Risks: The Making Changes program is a process that can help parents make life changes to a more positive and productive lifestyle. This program is most effective when parents are motivated to embrace new options and follow through wit new actions during and following the course of this program. If this parenting education does not result in the change you hoped, please discuss this with your facilitator/counselor. The primary risk of parenting education is that they process may involve discussing problems or life events that may evoke unpleasant and challenging emotions. If this occurs, please discuss this with your facilitator/counselor so that they can attend to your concerns and needs.

Program Participation Requirements:

1. I understand that in order to graduate and receive a certificate, I MUST ATTEND the following
    a. 8 out of 10 classes
    b. 5 individual sessions
    c. And complete any homework assignments

    I understand that if I do not meet these minimum attendance requirements, I WILL NOT RECEIVE A COMPLETION CERTIFICATE

2. I understand that the completion certificate is also contingent upon my completion of 8 out of 10 classes, 5 individual sessions and any homework assignments.

3. I understand that the FIRST INDIVIDUAL SESSION MUST BE DONE BY WEEK 3 of the program. I understand that I am responsible for scheduling individual appointments with the facilitator.

4. I understand that I must complete all required paperwork within 10 working days of the final class in order to receive my certificate.

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5. I understand that I may bring a support person (spouse, partner, relative, or friend) to the 10 parent only classes as long as they are approved by the class facilitator, by DCF or by CPC (if applicable).

6. I understand that any and all Making Changes staff personnel are obligated to notify the Department of Children and Families of any current child abuse that has been observed by the staff or reported by the parent of any staff personnel.

7. I understand that a mid-term progress report and a final summary report are sent to parent authorized referral sources (caseworkers, attorneys, etc.) regarding my progress, attendance, and participation in the Making Changes program.

If any parent is mobility or sensory impaired, the House Next Door agrees to make available any necessary services so that the parent may participate in the program.

I AGREE TO PARITICAPTE IN THE MAKING CHANGES PROGRAM AND TO ABIDE BY THE ABOVE REQUIREMENTS.

☐ By checking the box I acknowledge that I have read, understand and I am consenting to this form.

_____ _____

Client Signature Date

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Authorization for Release of Information
For the Purpose of Assessing Family Progress and Needs for Services

Agency Name: _____ Parent/Client Name:_____

Social Security Number: _____-____-____

Authorize the release of information as stated below:

I understand that this information will be used solely to assist in providing appropriate services and will be held in strictest confidence. I also understand that in specific circumstances, where required by law and as defined by the Agency's Notice of Privacy Practices, that my protected information may be subject to re-disclosure. I understand that I may revoke this Authorization at any time by giving written notice to The House Next Door listed above, except to the extent that action has been taken in reliance thereon. I understand that my refusal to authorize release of records or revoking authorization will not prevent me from receiving services at The House Next Door. I understand that I have the right to review the information to be disclosed by this release. If no proper notice of revocation is received, his consent will expire automatically within 180 days after the date indicated heron. A photo copy or fax of this document shall be valid and as effective as the original.

Name of the person referring to The House Next Door:_____

Put your initials by the one agency with which we may exchange information:

___ Community Partnership for Children Case Manager & Phone:_____
___ Dept. of Children and Families Case Manager & Phone:_____
___ Stewart Marchman/ACT Case Manager & Phone:_____
___ Attorney Name, Address & Phone:_____
___ P.O. Name, Address & Phone:_____
___ Other _____

Put your initials by records to be released:

___ Staffing Reports, Individual Case Plan
___ Psychological/Educational Reports
___ Psychological/Psychiatric Tests
___ Social/Developmental History
___ Teacher/Parent Observations
___ Other

NOTE: A SEPARATE RELEASE IS REQUIRED FOR EACH AGENCY

☐ By checking the box I acknowledge that I have read, understand and I am consenting to this form.

_____ _____
Client Signature Date

_____ _____
Signature of Witness Date

☐ HIPAA information sheet and copy of release given to client