Appendix D – Templates

Appendix D.1 - Intake Form

Appendix D.2 - Consent Form

Appendix D.3 - Letter of Introduction to Program

Appendix D.4 - Parent Letter

Appendix D.5 - Consent for Release of Information

Date: _____

Date of Birth: _____

Age: _____

Name of Parent/Caregiver: _____

Address: _____

Telephone: _____

What is the parental plan to deal with domestic abuse? (i.e. legal action re: custody/access, counseling services, restraining order, etc.)

_____
_____
_____

What is the mother's relationship with her ex-partner? What effect does it have on the child?

_____
_____
_____

What type of relationship does each parent have with the child?

_____
_____
_____

What is the child's perception of the parental situation?

_____
_____
_____

What exposure has the child had to familial violence?

Physical Abuse:

_____
_____
_____

Emotional Abuse:

History of Addictions:

How has the child reacted to the situation? (i.e. physical symptoms, behavioral problems, school difficulties, etc.):

What discipline is utilized with the child and how effective is it?

Has your ex-partner ever physically abused your child(ren)?

Has your ex-partner ever emotionally abused your child(ren)?

Has your ex-partner ever sexually abused your child(ren)?

What agencies or services have the child and/or family been involved with? (i.e. Child Protection Services, Catholic Family Services, Mental Health Services, etc.)?

What custody and access arrangements exist and how well do they work?

_____

_____

_____

CONFIDENTIALITY:

Any information shared by a child with group or group leader is considered confidential. A child's safety is priority and if they disclose abuse and their safety is at risk, we are obligated to report it to the proper authorities.

Parent Signature: _____

Counsellor Signature: _____

Date: _____

I give my permission for _____ to participate in a program for *"Children Exposed to Violence"*, a group for children exposed to violence in families. Programs are for children who are living with a protective parent who is currently receiving or has recently received counselling specific to violence in the family. I understand that this group will meet on _____ between the hours of _____. It will be held at Catholic Family Services. I confirm that I have the authority to grant my permission or have obtained the permission of the custodial parent/guardian.

Signature of Parent / Legal Guardian:_____

Print Name: _____

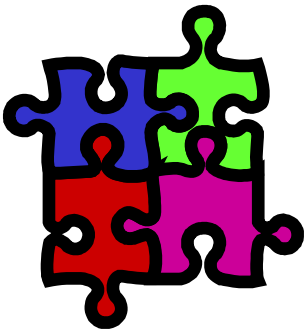
Address: _____

Telephone Number: _____

Witness: _____

Date: _____

Kidz Connection



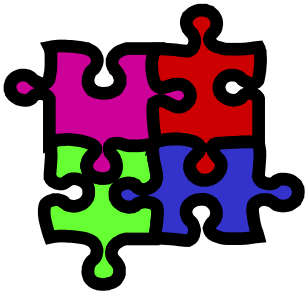
Dear Parents:

Today was the last of our 10 week sessions and I wanted to let you know how much I have enjoyed working (and playing) with your children. Today we celebrated by playing some fun games and eating some fun food! Thanks for all you do with and for your children and let me know if there is anything else I can do to support you along your parenting journey.

Warmly,

Child and Youth Counsellor

Kidz Connection



Dear Parents,

Today was our first group so we spent time getting to know a little about each other.

Your children will be bringing materials home every now and then and we ask that you share these with them. Today we talked about what important people we are and some of the things we like. We learned that it is “assertive” to say what you like. Would you please draw a picture of something you like and share it with your children? They should bring this drawing to the group next week so that we can hang it in our group room.

Our session topics will include: Feelings, Anger, Abuse, Personal Power & Choices, Personal Health & Responsibility. At our last session we will be having a wind-up party to say our good-byes.

The following is a list of dates for our sessions. It is important that your child attend each one. If your child must miss a group, please notify me in advance at 637-4004.

March 11th/08, March 19th/08, April 4th/08, April 9th/08, April 14th/08, April 23rd/08,

May 1st/08, May 6th/08, May 12th/08.

Thanks!

Program Coordinator/Counselor

CATHOLIC FAMILY SERVICES

CONSENT TO SHARE INFORMATION RELEASE FORM

To: _____

From::_____

I/We hereby grant permission to Catholic Family Services to share information, files and testing results with:

_____

I/We give_____

permission to share information with Catholic Family Services, with the understanding that this information will be shared for my benefit. In so doing, I will not hold Catholic Family Services responsible for sharing confidential information I have given them.

Notes:

_____

_____

_____

_____

Counsellor: _____

Client: _____

Client: _____

Witness: _____

Date: _____