



VIOLENCE INTERVENTION SERVICES EVALUATION FORM

Client name: _____

Victim's Name: _____

Victim's Phone #: _____

What is/was the length of the relationship with the victim? _____

Current Partner Name (If Applicable): _____

Current Partner Phone #: _____

How many children do you have? (if none, please enter 0): _____

If you have children, what are their ages: _____

How many other people live in the house with you? _____

Are they all related to you? Yes No

QUESTIONS ABOUT YOU

Have you ever used any of the following against the victim or against others close to you at any time now or in the past?

Physical abuse: Yes No

EXAMPLES: Slapped, Punched, Strangled/choked, Kicked, Pushed/shoved, Thrown something, Torn clothing, Scratched, Restrained, Spit on or at, Pulled hair, Other

Intimidation: Yes No

EXAMPLES: Used frightening looks/gestures, Screamed, Smashed things, Destroyed property, Displayed weapons, Tried to make the other person afraid, Other

Emotional Abuse: Yes No

EXAMPLES: Put other person down, Called names, Made other person feel guilty, Humiliated other person, Interrupted other person's sleeping or eating, Accused other person of flirting/cheating, Played mind games, Other

Isolation: Yes No

EXAMPLES: Kept other person from going places (work, school, seeing friends, etc.), Opened other person's mail/email/text messages, Listened to other person's phone conversations, Followed other person, Questioned other person about whereabouts, Other

Minimizing, denying, blaming: Yes No

EXAMPLES: Made light of abuse, Said it was their fault, Said it didn't happen, Blamed, Other

Using Children: Yes No

EXAMPLES: Said bad things about the other parent to children, Threatened to take away children, Used children to deliver messages, Used visitation to harass the other person

Gender Privilege: Yes No

EXAMPLES: Treated other person like a servant, Made household rules without other person's input, Told other person what his/her job or role is, Expected other person to be sexual whenever you want, Bossed other person around, Not shared child care, Other

Economic abuse: Yes No

EXAMPLES: Prevented other person from working outside the home, Made other person ask for money, Withheld information about the household's finances, Kept account info from the other person, Not paid child support, Made major financial decisions without the other person's input, Other

Coercion & Threats: Yes No

EXAMPLES: Threatened to hurt other person, Threatened other person partner's family/friends, Tried to get other person to drop charges/order of protection, Made other person do something illegal, Other

What was the date of the last incident of any kind of abuse toward another person? _____

Has another person ever tried to get outside help because of your behaviors? (for example: order of protection, police, shelter, counseling): Yes No

Has another person ever received medical treatment as a result of your violence? Yes No

Have you ever threatened to kill another person? Yes No

Have you ever threatened to use a gun or other weapon against another person? Yes No

Have you ever used a gun or other weapon against another person? Yes No

Have you ever intentionally injured or killed a pet? Yes No

Have you ever threatened or tried to commit suicide because of a relationship? Yes No

Have you ever pressured another person to have sex? Yes No

Have you ever forced another person to have sex with you? Yes No

Have you ever pressured another person to watch pornography? Yes No

Have you hit, pushed, shoved, or harmed another person while they were pregnant? Yes No

For each of the following items, rate how OFTEN you and the other person argue (or argued, if the relationship is over) about each of the following items:

Housekeeping: Never Rarely Sometimes Frequently

Sex: Never Rarely Sometimes Frequently

Money: Never Rarely Sometimes Frequently

Commitment to relationship: Never Rarely Sometimes Frequently

Use of alcohol/drugs: Never Rarely Sometimes Frequently

Socializing: Never Rarely Sometimes Frequently

Children: Never Rarely Sometimes Frequently

The way we speak to each other: Never Rarely Sometimes Frequently

Other: Never Rarely Sometimes Frequently

QUESTIONS ABOUT YOUR FAMILY

As a child growing up, did you observe physical violence in your family? Yes No

Did you observe verbal or emotional abuse in your family? Yes No

Were you physically abused by anyone in your family? Yes No

How would you describe your relationship with your father? Close Distant

How would you describe your relationship with your mother? Close Distant

Number of brothers: _____

Number of sisters: _____

Were you verbally or emotionally abused by anyone in your family? Yes No

Were you touched by anyone in your family or others in ways that were sexual or made you feel uncomfortable?
 Yes No

QUESTIONS ABOUT CHILDREN

Have any children been involved in or observed any violence between you and a partner?
 Yes No

When you discipline your children, which of the following do you use (check all that apply):

- Talk and explain the rules
- Hit with objects
- Scold
- Yell/Scream
- Send to room/put in corner
- Send to "Time Out"
- Restrict phone/friends
- Spank/slap
- Restrict to house

Has your physical punishment of the children ever left bruises or marks? Yes No

Does your partner or former partner use physical punishment? Yes No

Has your behavior or your partner's behavior towards your children ever seemed inappropriate or sexual?
 Yes No

Has the Department of Children & Family Services ever been involved with your family?
 Yes No

Do any of your children have behavioral problems at home? Yes No

Do any of your children have behavioral problems at school? Yes No

Do any of your children act violently toward each other, you, or your partner? Yes No

Do any of your children have any ongoing medical or physical problems? Yes No

QUESTIONS ABOUT THE USE OF SUBSTANCES

How often do you currently use alcohol or other drugs? _____ Time(s) each day month year

Has anyone ever expressed concern about your use? Yes No

Are you concerned about your use? Yes No

Have you ever been through chemical dependency treatment? Yes No

If recovering, are you currently sober? Yes No

Do you attend counseling, AA, NA, CA, or a similar type of treatment or support group? Yes No

Have you ever had any legal involvement as a consequence of your drug or alcohol use? Yes No

When there has been violence, had you ever been using alcohol or other drugs? Yes No

When there has been violence, had your partner been using alcohol or other drugs? Yes No

QUESTIONS ABOUT MENTAL AND PHYSICAL HEALTH

Are you currently seeing a counselor or other clinician? Yes No

Have you ever been in counseling in the past? Yes No

As a child or as an adult, have you ever felt suicidal or contemplated suicide? Yes No

Have you missed more work than usual lately? Yes No

Have your eating habits changed recently? Yes No

Have you had trouble sleeping? Yes No

Do you have anxiety/excessive worry? Yes No

Do you ever feel unable to leave the house, to go about your normal business? Yes No

Do you have any other emotional problems that hasn't been mentioned? Yes No

Have you ever been hospitalized for mental health reasons? Yes No

Do you have any ongoing physical health problems? Yes No

Have you had any serious accidents or illnesses in the past? Yes No

Are you currently taking prescription medication? Yes No

VII. POLICE/COURT INFORMATION

Have you been ordered by a judge or someone else to attend counseling? Yes No

How many times have the police been called to your home for domestic violence? _____

Who called the police called for the most recent incident? _____

How many times have you been arrested for domestic violence? _____

Are you currently under an Order of Protection? Yes No

Are you court ordered to attend a domestic violence group? Yes No

In the past, have you been arrested for your violence? Yes No

Are you presently involved with the criminal justice system apart from domestic violence?

Yes No

Have you ever been found guilty of a crime in the past? Yes No

Have you ever been involved in this Batterer's Program or any other Batterer's Program?

Yes No

VIII. WEAPON POSSESSION

Do you have a Firearm Owner's I.D. card (F.O.I.D.)? Yes No

Do you own or have in your possession firearms, knives, or any other kinds of weapons?

Yes No

Would you be willing to remove these weapons from the home while you are in this program?

Yes No

IX. MILITARY HISTORY

Did you serve, or are you serving in the military? Yes No

Did you serve during wartime? Yes No

Were you in combat? Yes No

Client signature: _____

Date: _____

VIOLENCE INTERVENTION SERVICES PARTICIPATION AGREEMENT

Program Overview

FCS's Violence Intervention Services are designed to address power and control issues for those who have been abusive in relationships. Successful completion is defined by demonstration of healthy non-abusive relationship patterns and compliance with this Participation/Service Agreement.

As a participant in the program, I agree to the following:

1. I will stop any violent, verbally abusive, intimidating, or controlling words or actions.
2. If I am physically, emotionally, verbally, or sexually violent with anyone, I will report my behavior, without minimizing my actions, at that week's session. I will accept responsibility for such behavior.
3. I will honor the victim's wishes regarding the amount of contact he/she wishes to have with me. If we are separated, I will not pressure them to move back; if they ask me to leave, I will leave.
4. I will meet my financial obligations to my partner and children.
5. I will not attempt to delay or block his/her efforts to press charges or obtain an Order of Protection.
6. If I am served with an Order of Protection, I will not violate its provisions.
7. I understand that FCS staff will report any acts of violence, my attendance, and my level of participation to the courts, where applicable.
8. I understand that my partner, children, and other visitors are not allowed into sessions.
9. I understand that my children, or others in my care, will not be allowed to wait anywhere on FCS property while I am participating in sessions.
10. I understand that my group facilitators are mandated reporters to the State to report any suspicion of child abuse or neglect, elder abuse or neglect, and have a duty to warn victims and authorities of threats of harm or intent to kill. If the intake assessment or subsequent contact reveals the possibility or actuality of child abuse or neglect, the PAIP agency must report it to DCFS (1-800-252-2873). The PAIP agency must refer suspected cases of elder abuse, neglect and financial exploitation to the Department on Aging's Elder Abuse and Neglect Program (1-866-800-1409).

Group Rules and Participation

1. I understand that the evaluation I complete is only valid for 90 days. If I do not begin the program within 90 days of the evaluation, I will be required to complete another evaluation before I begin the program.
2. I agree to attend weekly sessions for the length of time prescribed by FCS.
3. I agree to be on time to sessions; I understand that if I arrive late, I will not be allowed to attend that session.
4. I understand that I may miss only up to 3 sessions. If I miss a 4th session, I will be terminated from the program.
5. I understand that if the Anger Management program (rather than the PAIP/Domestic Violence program) is recommended, I will only be allowed 2 absences during the 12-week program.
6. I understand that if the Caring Dads or Nurturing Moms program is recommended, I will only be allowed 2 absences during the 17 week program.
7. I understand that I may not have ANY absences during the first 6 sessions of treatment.
8. I will contact FCS at least 24 hours in advance if I will not attend a scheduled session; I understand that if I fail to contact FCS at least 24 hours before the appointment, I will be charged a late cancelation fee.
9. I agree to actively participate in the sessions.
10. I agree to complete all "homework" assignments.
11. I agree to abstain from the use of all drugs and/or alcohol while I am participating in the program.
12. If I am referred for an additional evaluation (for example, substance use or psychiatric), I will obtain that evaluation in a timely manner and follow all recommendations of the evaluation.
13. I agree to keep the confidentiality of the other participants in the program as well as the information that is shared in the program.

14. I agree not to bring any guns, knives, or other weapons into the building where sessions are held.
15. I understand that if I am disruptive or uncooperative during sessions, I may be asked to leave and participation in the program may be suspended or terminated.
16. I agree to have all cell phones and/or other electronic devices turned off or in "do not disturb" mode during sessions.
17. I agree not to record (audio or video) sessions or while in FCS's building(s).

Fees

1. I will pay for each session attended.
2. I agree to pay for unexcused absences.
3. I understand that my fee may be re-assessed if my income changes while I am in the program.
4. If I fall behind more than 1 week in session fees, I understand that I will not be allowed to participate in the program until past-due fees are paid.
5. I understand that all balances must be paid in full by the last session. If the balance is not paid, I understand that I will not be allowed to complete the program and that no further reports will be given the courts, if applicable.
6. I understand that after completion of the prescribed number of sessions, I may choose to continue to attend the program voluntarily.

I have read and agree to participate in the Violence Intervention Services program according to the above stated conditions:

Client signature: _____

Date: _____

APPLICATION TO SET FEES FOR BEHAVIORAL EDUCATION PROGRAMS

NAME: _____

FCS serves people who live or work in Southern Kane County, all of Kendall County and the entire city of Aurora. **We may be able to apply community funds to the cost of service for people who *live or work* in our service area.**

Do you live or work in one of those areas? yes no Proof Available: yes no

If yes, please continue with application, if no, we cannot use community funds to reduce your fees even though you can still receive our services.

Family Counseling Service of Aurora has established group program fees at **\$60.00 per session**. FCS provides the opportunity for you to apply for a lower fee with the use of community funds, by completing this application and supplying the necessary paperwork providing proof of gross family income.

Please answer the following questions:

Are you currently living with your spouse/partner? yes no

Does your spouse/partner work? yes no

Total Income for you and your spouse/partner (if you have a spouse/partner you are currently living with) \$ _____

If you are married or have a partner you live with, we need proof of income on both people. If you desire the sliding scale be applied to your fee, please provide at *least* one of the following documents:

- _____ 1. Copy of last year income tax return or _____ 2. W2's for total family income
- _____ 3. Paystubs representing 3 months of pay or _____ 4. Unemployment benefit statement
- _____ 5. Letter from employers representing salary, hours worked and date of hire

If you are on State help, we need you to provide at *least* one of the following documents:

- _____ 1. SSI statement or _____ 2. Proof of disability income or
- _____ 3. Proof of retirement income or _____ 4. Proof of SS benefits

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT
 2011
 USE THIS FORM TO REPORT SOCIAL SECURITY BENEFITS TO THE IRS AND TO PROVIDE INFORMATION TO OTHERS.

Box 1: Social Security Number
 Box 2: Social Security Number
 Box 3: Social Security Number
 Box 4: Social Security Number
 Box 5: Social Security Number
 Box 6: Social Security Number
 Box 7: Social Security Number
 Box 8: Social Security Number
 Box 9: Social Security Number
 Box 10: Social Security Number
 Box 11: Social Security Number
 Box 12: Social Security Number
 Box 13: Social Security Number
 Box 14: Social Security Number
 Box 15: Social Security Number
 Box 16: Social Security Number
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 Box 95: Social Security Number
 Box 96: Social Security Number
 Box 97: Social Security Number
 Box 98: Social Security Number
 Box 99: Social Security Number
 Box 100: Social Security Number

Social Security Administration
 Representative Determination
 Notice of Change in Payment

YES

Dear Mr. [Name],
 We have reviewed your request for a change in your Social Security benefits. We have determined that you are eligible for a higher benefit amount. Your new benefit amount is \$[Amount] per month, effective [Date].

Social Security Administration
 Notice of Change in Payment

Dear Mr. [Name],
 We have reviewed your request for a change in your Social Security benefits. We have determined that you are eligible for a higher benefit amount. Your new benefit amount is \$[Amount] per month, effective [Date].



Or go to <http://www.ssa.gov/myaccount/>

5. Proof of food stamp benefits or (LINK) not the card.



DMS
 State of Illinois
 Department of Human Services

Notice of Change in Payment

Dear Mr. [Name],
 We have reviewed your request for a change in your food stamp benefits. We have determined that you are eligible for a higher benefit amount. Your new benefit amount is \$[Amount] per month, effective [Date].



The information supplied above is true and accurate to the best of my knowledge.

Signed _____

Date _____

Once you have provided FCS with all the necessary documents, we will review the information and your fee will be set. Your fee will be effective on your next scheduled session.

FOR OFFICE USE ONLY

MARS/FAIR PROGRAMS FEES

Regular Program Cost	# Classes	Total Cost	Weekly Cost (after evaluation)
MARS/FAIR PAIP	26	\$1575.00	\$60.00
MARS Caring Dads	26	\$1575.00	\$60.00
FAIR Nurturing Moms	26	\$1575.00	\$60.00
Anger Management	12	\$ 795.00	\$60.00

*****Income Fee Reduction Criteria:**

Must live or work in FCS service area and have annual family gross income under \$60,000.00.

Income Fee Reduction.	# Classes	Total Cost	Weekly Cost (after evaluation)
MARS/FAIR PAIP	26	\$1200.00	\$45.00
MARS Caring Dads	26	\$1200.00	\$45.00
FAIR Nurturing Moms	26	\$1200.00	\$45.00
Anger Management	12	\$615.00	\$45.00

*****Hardship Fee Reduction Criteria:**

Must live in our service area and be on fixed income (i.e. disability, public aid, social security). Unemployment / Medicaid does not fit this requirement.

Hardship Fee Reduction	# Classes	Total Cost	Weekly Cost (after evaluation)
MARS/FAIR PAIP	26	\$825.00	\$30.00
MARS Caring Dads	26	\$825.00	\$30.00
FAIR Nurturing Moms	26	\$825.00	\$30.00
Anger Management	12	\$435.00	\$30.00

Program(s) Requested: _____

Approved Weekly Group Session Fee:\$_____

Estimated Total Cost of Program(s):\$_____

Client: _____

Approved by: _____ Date: _____