



Shoplifting Prevention Group Rules The Shoplifting Prevention Group Class is a one session program offered by Commonwealth Catholic Charities. It is important that all members be aware of, and abide by the guidelines listed below. Respectful behavior to other group members, facilitators and staff is required and all staff shall treat you fairly.

1. **Attendance policy:** This is a one session program. If you miss part of the session, you forfeit your enrollment/registration fee and must re-enroll and pay all class fees. If you arrive one minute late you will not be able to come into the group and will be considered absent. Once group begins you are expected to stay until dismissed by the counselor.
2. **Reports to the court system:** For participants who are court ordered to the class, we will notify the court of your attendance. Participants who drop out of the class for attendance or other reasons may re-start if agreed upon by the court and the counseling program. Participants who re-start will not be given credit for sessions attended; they will begin over again. If you have been referred by the courts, your signature allows us to communicate your attendance and level of participation to said referral source.
3. **Assignments:** These assignments, as well as discussions and assignments during each session, are keys to the successful completion of the program. It is important that you complete all assignments. Clients who do not complete assignments may be removed from the group.
4. **Payment policy:** There will be a \$60.00 fee due no later than 4pm the day before your class. Payment will not be accepted after. To pay by credit or debit cards please call 804-545-5900. If you need to pay by cash or money order, please call 804 545 5900 to make arrangements to come pay in person before 4pm the day before class. (Do not come to the office without calling first.)
5. If you disclose any statements about bodily harm or threats of harm to anyone, threats or attempts to commit suicide, or share information about abuse or neglect of a child or vulnerable adult, then the appropriate authorities will be notified. All other information shared during groups will remain confidential.
6. You may NOT attend group under the influence of drugs or alcohol or be disruptive to the group. The group facilitator will ask anyone suspected of attending group under the influence and anyone who is disruptive to leave the group. This will be counted as an absence and your enrollment will be terminated.
7. No weapons may be brought to the group.
8. Cell phones, pagers, and other electronic devices must be turned off during the group.
9. You may not bring outside visitors or children to the group. Childcare is not provided and children may not be unsupervised on site.
10. For virtual groups please make sure that you are in a private, space where you will not be interrupted.

I have read the above contract (group rules) and agree to abide by the conditions.

Signature

Date

Printed Name _____



CLIENT INFORMATION

Name _____	Birth Date _____
Race _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Past Client: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address _____	
City _____	State _____ Zip Code _____ County _____
Home Phone _____	Cell Phone _____
May we leave a message at the numbers provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-Mail Address _____	
Employer _____	Work Phone _____
Employer Address _____	City _____ Zip Code _____
Social Security Number _____	
How did you hear about our services? _____	
In case of emergency, who should be notified?	
Name _____	Phone _____

REFERRING PARTY

Name _____	Email _____
Referring Agency/Organization _____	
Phone _____	Fax _____

EMERGENCY CONTACT

Name _____	Relationship to Client _____
Home Phone _____	Cell Phone _____
Address _____	



EMERGENCY INFORMATION FORM

Commonwealth Catholic Charities provides 24-hour emergency telephone coverage for emergencies experienced by current program clients. Please read the following procedures carefully and discuss them with your counselor.

1. You must be a current client of a counselor at Commonwealth Catholic Charities to access 24-hour emergency telephone services. If you have not been seen by a counselor at Commonwealth Catholic Charities within the last month (30 days), you will not be considered a current client. Non-current clients should call local crisis numbers.
2. You will be directed to the 24-hour emergency telephone service if you are experiencing a emergency that demands immediate telephone contact with a mental health professional. This is NOT a telephone counseling service to be used to alleviate loneliness, worry, or to discuss issues that can be handled at appointments during office hours.
3. If you are experiencing an emergency during our business hours (Monday-Friday, 8:00 AM until 5:00 PM) please call your local office of Commonwealth Catholic Charities. If you are experiencing an emergency during non-business hours, please call (804) 349-5494. This is an emergency number answered by an on-call counselor who will help with your emergency situation.
4. For issues that are not an emergency, please call Commonwealth Catholic Charities office number and leave a message or call back during business hours.

OTHER COMMUNITY RESOURCES TO CONTACT IN THE EVENT OF AN EMERGENCY

Local Community Service Board Mental Health Center Crisis Intervention Services:

Albemarle County	434-972-4010	New Kent County	804-966-2496
Charlottesville	434-972-1800	Orange County	434-972-1800
Chesterfield County	804-748-6356	Richmond City	804-819-4100
Dickenson County	276-926-1650	Roanoke	540-981-9351
Henrico County	804-261-8484	Roanoke Connect	540-981-8181
Lee County	276-346-3590	Scott County	276-225-0976
Louisa County	434-972-1800	Wise County	276-523-8300

Hospital Emergency Rooms

Local Police Departments

Call 911

My signature indicates that I have read and understand this information and I agree to abide by these conditions. My signature also gives my permission for contact between Commonwealth Catholic Charities staff and mental health crisis intervention staff, magistrates, law enforcement officials, hospital emergency room staff, doctors, etc. concerning an emergency.

Client Name

Client or Guardian Signature

Date



**WHEN YOU CHOOSE TO RECEIVE SERVICES AT COMMONWEALTH CATHOLIC CHARITIES,
YOU ARE PROTECTED BY THE FOLLOWING RIGHTS AND AGREE TO THE FOLLOWING:**

CLIENT RIGHTS

- To have access to treatment or services regardless of your race, national origin, sex, age, religion or disability.
- To be informed of your rights and responsibilities to receive services.
- To receive enough information at Intake to make educated choices about using agency services, including expectations, hours and rules of conduct.
- To receive confidential treatment/services and to have information about you maintained in a confidential manner within the limits of the law.
- To participate in all service decisions.
- To receive notice of any fees and estimated or actual costs before receiving services.
- To be informed of how to make a complaint, grievance or appeal.
- To refuse service, unless required by law and to be informed of any consequences of refusing the service.
- To review, copy and request a change in your client record subject to and in accordance with applicable state and federal laws.
- Minors will be served with the consent of a parent or legal guardian. In those instances when a minor is deemed an adult as per the Code of Virginia, mental health, counseling and adoption services will be provided with the consent of the individual seeking services.

CLIENT RESPONSIBILITIES

- To treat clients, agency staff and volunteers with dignity and respect.
- To participate actively in the services that you receive, including the development of your treatment/service plan.
- To observe and follow program rules of conduct and behavior.
- To accept responsibility for your actions or choices.
- To provide relevant information as a basis for receiving services and participating in service decisions.

IF YOU FEEL YOUR RIGHTS ARE BEING VIOLATED, PLEASE CONTACT:

Executive Director
1601 Rolling Hills Drive
Richmond, VA 23229
(804) 285-5900

I acknowledge that my rights have been explained to me and I have been provided with a copy of the client rights form.

Client Name

Client or Guardian Signature

Date