

**Samaritan Counseling Center - CFS Client Information**

Date \_\_\_\_\_

\_\_\_\_\_  
 (Last Name) (First Name) (Middle or Initial)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ **Male** **Female**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ OK to call? Alternate phone \_\_\_\_\_ OK to call?

Email \_\_\_\_\_ Ok to contact? Ok to receive communication/newsletter?

Who is the responsible billing party? **Children and Family Services**

Name of Parent or legal guardian (if under 18): \_\_\_\_\_

**Demographic Statistical Information**

Ethnic Background:		African American	Asian/Pacific Islander	American Indian	Hispanic/Latino
		White/Caucasian	Other/Multi-Racial	Unknown	
Do you attend church? Y N		Name of Church:			
Marital Status:		Single	Married	Separated	Divorced
				Widowed	Other (Specify):
Total Yearly Household Income:		# of people in your household (including yourself):		# of children living with you under age 18:	



# SAMARITAN COUNSELING CENTER

Serving Individuals, Couples, and Families since 1973  
Doug McKown, Psy.D., Executive Director

## CONSENT FOR RELEASE OF INFORMATION OR RECORDS

This Release is regarding \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
Clients Name (print)

### A. TO ANOTHER PROFESSIONAL OR AGENCY:

I hereby authorize the Samaritan Counseling Center to release information/records regarding the above named client to:

San Bernardino County Children and Family Services

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

### B: TO THIS CENTER:

I hereby authorize Children and Family Services  
Name of professional or agency

To release information/records regarding the above named client to the Samaritan Counseling Center, 1126 W Foothill Blvd., Suite 110, Upland, CA 91786.

### C: PURPOSES:

These records are all protected by the California Welfare and Institution Code, Section 5328. Disclosure shall be limited to the information specified below:

Check appropriate items:

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnosis                             | <input type="checkbox"/> Psychological assessment/evaluation   |
| <input type="checkbox"/> Treatment summary                     | <input type="checkbox"/> Progress notes  |
| <input checked="" type="checkbox"/> Verification of Attendance | <input checked="" type="checkbox"/> Other: Only information necessary for invoice and contract monitoring at any point in time |

### D. DATES:

This authorization shall become effective on \_\_/\_\_/\_\_

The consent shall terminate on \_\_/\_\_/\_\_

**Note: Unless otherwise stated, this authorization will terminate automatically, one year from the effective date. You also have the right to revoke in writing this authorization at any time. (Except invoice and contract monitoring does not expire)**

### SIGNATURES:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature Client or Parent/Guardian  
(Indicate relationship if client is a minor)



### COMPLAINT AND GRIEVANCE PROCEDURE

**INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR’S RECORDS.**

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

**STEP ONE:**

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

**STEP TWO:**

Send a copy of your written complaint or grievance, or discuss the complaint or grievance with your County Caseworker. Write down the date you spoke to your Caseworker or send the complaint and keep it with your copy.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Three.

**STEP THREE:**

Send a copy of your written complaint or grievance to the Program Specialist. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

HS Program Development Division, Contracts Support Unit  
ATTN: Program Specialist  
825 E. Hospitality Lane, 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0079

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Four.

**STEP FOUR:**

Send a copy of your written complaint or grievance to the Contract Analyst at:  
HS Administrative Support Division, ATTN: Contracts Unit  
150 S. Lena Road  
San Bernardino, CA 92415-0515

You will be contacted within 10 calendar days if you have provided contact information.

**Please note:** Each of these steps must be completed in the sequence shown.

..... **Detach here** .....

**COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION**

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

\_\_\_\_\_ Client Signature

\_\_\_\_\_ Date

**PARENTING CLASS: RAISING VALUES-BASED CHILDREN**

Welcome!

Listed below are course guidelines and some important information regarding your informed consent:

<b><i>Class guidelines:</i></b>
<ul style="list-style-type: none"><li>• <i>The course is 12 weeks in length and all classes must be completed in order to successfully complete the course and receive a certificate.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Participants must sign in and out each week. Tardiness of more than 10 minutes is considered an absence.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Participants are only allowed (2) absences and must complete a make-up class for any missed class.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Participants must complete weekly homework assignments.</i></li></ul>

**Confidentiality:** Your information as a participant in this course will be kept confidential. As a participant in this class you will receive instruction from trained clinical professionals. These professionals are mandated reporters and must report any suspected incidents of abuse or neglect of children, dependent adults or elder adults as required by law. Please see the attached form regarding further information on our privacy practices.

**Safety:** Participants agree to conduct themselves in a manner that is safe and appropriate. Failure to do so will result in discontinuation of service. A referral for other services will be provided.

By signing below I am endorsing that I have read the above guidelines and give my consent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PARENTING CLASS: RAISING VALUES BASED CHILDREN

Parent Participant Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_ Check one: M F

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1) Please list your child(ren)'s **name** and **age** and **gender**:

\_\_\_\_\_  
\_\_\_\_\_

2) List child(ren) who live with you: \_\_\_\_\_

3) Which of the following best describes you (check one):

**Married, two parent household**      **Single parent**      **Co-parenting**      **Foster parent**      **Other:** \_\_\_\_\_

4) How did you hear about us? Who referred you to the class? \_\_\_\_\_

5) What would you like to gain from completing this class? \_\_\_\_\_

**Please complete these sentences:**

My biggest *strength* in parenting is \_\_\_\_\_

\_\_\_\_\_

My biggest *struggle* in parenting is \_\_\_\_\_

\_\_\_\_\_

I wish that my child/children would \_\_\_\_\_

\_\_\_\_\_

My favorite activities to do with my child(ren) are \_\_\_\_\_

\_\_\_\_\_

If I could change one thing about the way I parent it would be \_\_\_\_\_

\_\_\_\_\_

One of my best memories with my child(ren) is \_\_\_\_\_

\_\_\_\_\_

Is there any other important information that you would like us to be aware of regarding you or your child (ren)?:

\_\_\_\_\_

\_\_\_\_\_

*Thank-you!*

## PARENTING CLASS: RAISING VALUES BASED CHILDREN

**Pretest**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:**

Please complete all questions on test by choosing the best answer only and turn in to your instructor when completed.

- 1) When setting a new rule with a child it is best to do the following:
  - 1) Let them know the rule ahead of time, so that they are aware of the expectation.
  - 2) When you see them break the rule, then implement consequences and talk with them about it.
  - 3) Yell at them when you see them doing the unwanted behavior.
  - 4) Implement consequence without discussion.
  
- 2) When you and your co-parent disagree on a household rule it is best to:
  - 1) Have a different set of rules that your child follows depending upon the parent they are with.
  - 2) Discuss differences with each other, define a compromise, and then set the rule.
  - 3) Let your children decide which parent's opinion they agree with.
  - 4) Do not discuss it with your co-parent at all.
  
- 3) The best type of rules for children are:
  - 1) Specific
  - 2) Are adjusted as they get older
  - 3) Are consistent
  - 4) All of the above
  
- 4) If a child is a witness to domestic violence within the first two years of life they are more likely to either be a victim or perpetrator of violence themselves.
  - 1) True
  - 2) False
  
- 5) Which of the following is a form of child abuse?
  - 1) Neglect
  - 2) Sexual Abuse
  - 3) Physical Abuse
  - 4) All of the above

- 6) When a child is throwing a tantrum it is best to:
- 1) Ignore the behavior and allow them to calm themselves first
  - 2) Send them to timeout immediately
  - 3) Pick them up and soothe them
  - 4) Try to rationalize with them during the tantrum to get them to stop
- 7) All of the following are excellent ways to nurture your child EXCEPT:
- 1) Give your child a hug
  - 2) Play dress up with your child
  - 3) Play a board game with your child
  - 4) Let your child play on their tablet
- 8) It is important to talk directly to your teenager about sexual activity and drug use:
- 1) True
  - 2) False
- 9) All of the following are good alternatives to physical discipline EXCEPT:
- 1) Set limits
  - 2) Raise your voice
  - 3) Plan rewards
  - 4) Ignore bad behavior
- 10) An example of neglect of your child would be which of the following:
- 1) Leaving your 8 year old at home alone
  - 2) Not taking your child to school on a regular basis
  - 3) Not taking your child to the doctor when medically necessary
  - 4) All of the above