

Program Policy Manual

Contents

<i>INTERVENTION PHILOSOPHY.....</i>	<i>3</i>
<i>INTERVENTION MISSION.....</i>	<i>3</i>
<i>SERVICE PARTICIPANT RIGHTS.....</i>	<i>3</i>
<i>INFORMATION PRIVACY AND SECURITY.....</i>	<i>3</i>
<i>ACCESS TO THE GROUP ROOM.....</i>	<i>4</i>
<i>E-MAIL.....</i>	<i>4</i>
<i>E-MAIL RISK FACTORS.....</i>	<i>4</i>
<i>CONDITIONS FOR E-MAIL USE.....</i>	<i>5</i>
<i>INFORMATION RELEASE AUTHORIZATIONS.....</i>	<i>5</i>
<i>SERVICE AVAILABILITY STANDARDS REGARDING LITIGATION.....</i>	<i>6</i>
<i>WEAPONS.....</i>	<i>6</i>
<i>SMOKING.....</i>	<i>6</i>
<i>AGENCY CLOSED/NO GROUPS.....</i>	<i>6</i>
<i>OBSERVERS.....</i>	<i>6</i>
<i>QUARTERLY EVALUATIONS.....</i>	<i>6</i>
GROUP POLICIES.....	6
<i>Consent to Service.....</i>	<i>6</i>
<i>First Group.....</i>	<i>6</i>
<i>Sign-In Sheet.....</i>	<i>6</i>
<i>Assignments.....</i>	<i>7</i>
<i>Electronic Device Policy.....</i>	<i>7</i>
<i>Materials.....</i>	<i>7</i>
<i>Requesting Agenda Time.....</i>	<i>7</i>
<i>Clothing.....</i>	<i>7</i>
<i>Food.....</i>	<i>7</i>
<i>Group Start Time.....</i>	<i>7</i>
<i>Changing Home Group.....</i>	<i>7</i>
<i>Criminal Behavior.....</i>	<i>7</i>
<i>Use of Violence.....</i>	<i>7</i>
<i>Alcohol/Drug Use.....</i>	<i>8</i>
<i>Alcohol/Drug Testing.....</i>	<i>8</i>
<i>No Credit.....</i>	<i>8</i>

<i>Correspondence.....</i>	<i>8</i>
<i>Program Completion.....</i>	<i>8</i>
<i>Mentoring Requirements.....</i>	<i>8</i>
<i>Children.....</i>	<i>9</i>
ATTENDANCE INFORMATION.....	9
<i>Attendance.....</i>	<i>9</i>
<i>Late Participants.....</i>	<i>9</i>
<i>Absences.....</i>	<i>9</i>
<i>Cancellations.....</i>	<i>9</i>
<i>Alternate Group.....</i>	<i>9</i>
<i>Extra Group Sessions.....</i>	<i>9</i>
<i>Free Attendance.....</i>	<i>9</i>
PAYMENT INFORMATION.....	10
<i>Tuition Assessment and Income Documentation.....</i>	<i>10</i>
<i>Payment for Service.....</i>	<i>10</i>
<i>Payment Plans.....</i>	<i>10</i>
PROGRAM STATUS.....	11
<i>Frozen Status.....</i>	<i>11</i>
<i>Discharge Status.....</i>	<i>11</i>
<i>Closed Status.....</i>	<i>11</i>
<i>Readmission.....</i>	<i>11</i>

INTRODUCTION TO PROGRAM POLICY MANUAL

The [AGENCY NAME] Program began in [Date]. It is one of several Programs offered by [AGENCY NAME].

Service participants are responsible for knowing the information in the Program Manual and are expected to refer back to the Program Manual on a regular basis as needed.

Failure to comply with program policies and rules could result in discontinuation of service to [AGENCY NAME] Program participants.

INTERVENTION PHILOSOPHY

[AGENCY NAME] 's philosophy is firmly grounded in research and practice findings that domestic violence is a crime overwhelmingly committed by men against women. Battering is a choice made by men that encompasses a range of coercively controlling actions that include purposeful, instrumental, and strategic behaviors used to control and dominate others for personal benefit. The [AGENCY NAME] Program is designed to intervene in the thought process of men who batter, in order to encourage accountability for the safety and respect of everyone. This is done with the presumption of competence and the belief that individuals have the ability to make accountable, sustainable change.

INTERVENTION MISSION

[AGENCY NAME] 's mission is to hold those who perpetrate domestic violence, violence, and/or coercive control accountable for their actions. [AGENCY NAME] does this by providing an educational environment where men are encouraged to identify and acknowledge their use of violence and/or coercive control. They are provided opportunities to explore personal accountability in their daily lives. Intervention is designed to hold men accountable for their actions and beliefs.

SERVICE PARTICIPANT RIGHTS

Service participants cannot be discriminated against because of their race, color, gender, age, religion, national origin, or sexual orientation. Service participants have the right to expect that the service provided will address issues that brought them to the attention of the Criminal Justice System and/or to [AGENCY NAME] Programming. Service participants have the right to refuse any service or intervention. Service participants have the right to see and contest the information within their case records. For service participants to review their case records, an appointment must be made with an [AGENCY NAME] staff person. This record contains all of the written information that [AGENCY NAME] has about the service participant, along with service participant's written comments and the service participant's written statements contesting case information. Service participants may be charged for this appointment.

Service participants have the right to provide [AGENCY NAME] with feedback about their experiences with [AGENCY NAME] staff. Service participants should first express suggestions for change or improvement of services, complaints or grievances to the [AGENCY NAME] staff person with whom they have contact, then, if necessary, to an [AGENCY NAME] staff person who can explain the agency's grievance procedures. It is necessary that service participants follow procedures when pursuing a suggestion, complaint or grievance.

Service participants are allowed to bring cell phones on to the [AGENCY NAME] premises but it is expected they will be turned off when in the group session. It is also expected that should they bring cell phones, iPods, or iPads (or similar devices) on to the premises that the devices will be completely turned off and none of the recording options will be utilized. Recording any part of an [AGENCY NAME] session, without permission to do so, may result in permanent termination from the [AGENCY NAME] program.

INFORMATION PRIVACY AND SECURITY

USES OF HEALTH AND SERVICE INFORMATION.

Other uses and disclosures of health and service information not covered by this notice or the laws that apply to [AGENCY NAME] will be made only with the service participant's written permission. If a service participant provides [AGENCY NAME] staff permission to use or disclose health and service information about the service participant, the service participant may revoke that permission, in writing, at any time. If a service participant revokes his permission, [AGENCY NAME] staff will no longer use or disclose health and service information about that service participant for the reasons covered by the service participant's written authorization. Service participant should be aware that [AGENCY NAME] staff are unable to retract any disclosures already made with the service participant's permission, and that [AGENCY NAME] staff are required to retain [AGENCY NAME] records of the care that [AGENCY NAME] provided to the service participant.

[AGENCY NAME] maintains standards of confidentiality that abide with federal law and regulations regarding service participant records.

Service participant's identity and all statements made by the service participant, both written and oral, while in the [AGENCY NAME] Program, are confidential. No information will be released to anyone without the service participant's written consent except as defined by law and described below. Further, service participants are expected to keep fellow program members identities and statements confidential. Failure to abide by this expectation could result in significant consequences including removal from [AGENCY NAME] Programming.

Information that service participants or others relate to [AGENCY NAME] staff in individual sessions, group sessions, phone calls, messages, in writing, or otherwise, may, at the service participant facilitator's discretion, be disclosed during [AGENCY NAME] group sessions.

There are circumstances in which the law and/or ethical practice dictate that [AGENCY NAME] staff may release information without a service participant's permission. Such circumstances include:

1. If there is a suspicion during a service participant's participation in [AGENCY NAME] programming that the service participant is abusing or neglecting children, [AGENCY NAME] staff will make a report to Child Protective Services Department of the Department of Health and Human Services (DHHS).
2. If service participants commit a criminal offense while in the [AGENCY NAME] Program, [AGENCY NAME] staff may report such information to the police and/or court referral source.
3. If at any time during a service participant's involvement in the [AGENCY NAME] Program a service participant makes a threat against a person or property the threat will be reported to the appropriate authorities.
4. If the disclosure is required by a court order.
5. If information is needed in a medical emergency.
6. In audits of the agency required for licensure, certification, or accreditation.

ACCESS TO THE GROUP ROOM

It is [AGENCY NAME] policy that non-staff members must remain in the lobby unless they have a staff person to escort them. [AGENCY NAME] staff will come to the lobby during the 15 minutes before the group session to escort service participants to the group session. Participants arriving later than group session start time must wait in the lobby until an [AGENCY NAME] staff person is available to escort them back to the group room. Service participants arriving after group sessions start time should notify the front desk staff person and wait in the lobby for an [AGENCY NAME] staff person to escort them to the group room.

E-MAIL

INFORMED CONSENT

[AGENCY NAME] provides clients the opportunity to communicate with [AGENCY NAME] / [AGENCY NAME] staff, other healthcare providers, and administrative services by e-mail or other electronic means. Transmitting confidential client information by e-mail, however, has a number of risks, both general and specific, that clients should consider before using e-mail or other electronic means.

E-MAIL RISK FACTORS

Among general e-mail risks are the following:

- E-Mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipients can forward e-mail messages to other recipients without the original sender's permission or knowledge.
- Users can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.

E-mail containing information pertaining to a client's diagnosis and/or treatment must be included in the client's medical records. Thus, all individuals who have access to the medical record will have access to the e-mail messages.

Lack of privacy in e-mail they send or receive at their place of employment. Clients who send or receive e-mail from their place of employment risk having their employer read their e-mail.

Service participants have no way of anticipating how soon [AGENCY NAME] and its employees and agent will respond to a particular e-mail. [AGENCY NAME] and its employees and agents will endeavor to read and respond to e-mail promptly, [AGENCY NAME] cannot guarantee that any particular e-mail message will be read and responded to within any particular period of time. [AGENCY NAME] service participants should not use e-mail in an emergency.

CONDITIONS FOR E-MAIL USE

It is the policy of [AGENCY NAME] that [AGENCY NAME] will make all e-mail messages sent or received that concern the diagnosis or treatment of a client part of that client's medical record and will treat such e-mail messages with the same degree of confidentiality as afforded other portions of the medical record. [AGENCY NAME] will use reasonable means to protect the security and confidentiality of e-mail information. Because of the risks outlined above, [AGENCY NAME] cannot, however, guarantee the security and confidentiality of e-mail communication.

Thus, service participants must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

All e-mails to or from the service participant concerning diagnosis and/or treatment will be made a part of the service participant's medical record. As a part of the medical record, other individuals, such as other physicians, nurses, physical therapists, client accounts personnel, and the like, and other entities, such as other healthcare providers and insurers, will have access to e-mail messages contained in medical records.

[AGENCY NAME] may forward e-mail messages within the facility as necessary for diagnosis, treatment, and reimbursement. [AGENCY NAME] will not, however, forward the e-mail outside the facility without the written consent of the client or as required by law.

If a service participant's e-mail requires or invites a response, and the recipient does not respond within a reasonable time, the client is responsible for following up to determine whether the intended recipient received the e-mail and when the recipient will respond.

Because some medical information is so sensitive that unauthorized disclosure can be very damaging, service participants should not use e-mail for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like. Service participants should be aware that information concerning mental health or developmental disability; or alcohol and drug abuse has the same sensitivities and risks.

Because employees do not have a right of privacy in their employer's e-mail system, service participants should not use their employer's e-mail system to transmit or receive confidential medical information.

[AGENCY NAME] cannot guarantee that electronic communications will be private. [AGENCY NAME] will take reasonable steps to protect the confidentiality of client e-mail but is not liable for improper disclosure of confidential information not caused by [AGENCY NAME]'s gross negligence or wanton misconduct.

If the service participant consents to the use of e-mail, he is responsible for informing [AGENCY NAME] of any types of information the service participant does not want to be sent by e-mail other than those set out in paragraph 3, above.

The service participant is responsible for protecting his password or other means of access to e-mail sent or received from [AGENCY NAME] to protect confidentiality. [AGENCY NAME] is not liable for breaches of confidentiality caused by the service participant.

Any further use of e-mail by the service participant that discusses diagnosis or treatment by the service participant constitutes informed consent to the foregoing. Service participants may withdraw consent to the use of e-mail at any time by e-mail or written communication to [AGENCY NAME], attention: Director of Health Information.

INFORMATION RELEASE AUTHORIZATIONS

By signing an Information Release Authorization, service participants give permission for [AGENCY NAME] staff to have contact with the parties specified on the authorization. For example, this may include (ex) partner(s), and/or the person(s) the service participant has been violent or abusive to, court(s) the service participant is involved with, counselors, Friend of the Court, therapists, treatment programs, drug or alcohol treatment programs, Child Protective Services, domestic violence service providers, etc.

Please note that refusal to authorize electronic transmission on the Information Release Authorization will delay dissemination of reports and other necessary information to referral sources. [AGENCY NAME] service participants have the right to revoke any authorization in writing.

SERVICE AVAILABILITY STANDARDS REGARDING LITIGATION

[AGENCY NAME] has the right to exclude any individual from service who is presently involved in legal litigation, custody, or divorce proceedings against the person whom they have historically battered if it is believed that the individual is using the proceedings to continue his tactics of harassment, coercion, and/or intimidation. [AGENCY NAME] may accept this individual into the program after the individual has stopped using the legal proceedings in an abusive manner. The individual may also enroll in or re-enter [AGENCY NAME] Programming when the proceedings have been completed, it has been documented that there are no outstanding motions to amend and/or there are not any appeals of the orders and/or judgment of the court.

WEAPONS

Service participants are not allowed on [AGENCY NAME] premises with any kind of weapon including but not limited to firearms, explosives, knives, box cutters, etc.

SMOKING

Smoking is not allowed anywhere in the building, including the bathrooms.

AGENCY CLOSED/NO GROUPS

The agency is closed on the following days: New Year's Day, Good Friday (afternoon), Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving and the week between December 24th and New Years Day. Additionally, groups are canceled the third Wednesday morning in March, June, September and December. If [AGENCY NAME] should need to cancel group sessions due to weather or other unforeseen circumstances, [AGENCY NAME] staff will attempt to do so well in advance of the group sessions. If this is not possible, [AGENCY NAME] staff will notify service participants by telephone. Service participants are responsible for making sure [AGENCY NAME] staff have service participants' current telephone contact information. Service participants may call [phone number] to confirm the status of group meetings.

OBSERVERS

[AGENCY NAME] invites those interested in our programming to observe our intervention groups. [AGENCY NAME] intend that this activity will help increase [AGENCY NAME]'s accountability to battered women in our community and increase the public's knowledge of the unique dynamics involved in providing battering intervention. Periodically, there will be observers in service participant groups. These observers might include students, interns, trainees, therapists, staff of women's service organizations, probation officers, clergy, interpreters, or others interested in learning about intervention and stopping domestic violence. All observers will sign an agreement to maintain confidentiality except in the case of a service participant's probation officer observing the service participant's group.

QUARTERLY EVALUATIONS

Each quarter (January, April, July, October), service participants are asked to complete [AGENCY NAME] Program evaluations. The evaluations are anonymous. The [AGENCY NAME] Program is involved in Continuous Quality Improvement. Service participant feedback is valued and carefully considered and may be used to improve our programming and/or service delivery.

GROUP POLICIES

Consent to Service

All [AGENCY NAME] service participants must sign a Consent to Service form before beginning the [AGENCY NAME] Program.

First Group

Participants are expected to have completed and bring with them the following for their first group:

“Do I Have a Reason?” worksheet

“Identifying my Power and Control Tactics” worksheet

“Abuse History” worksheet

“Income Documentation” form, with the service participant's documentation stapled to the form.

If this is not turned in by the service participant's second [AGENCY NAME] group, the service participant's tuition assessment will revert to the full fee of \$85.00 per session.

Sign-In Sheet

[AGENCY NAME] staff verifies service participants' attendance by service participants' completion of the [AGENCY NAME] sign-in sheet every group session. To ensure the service participant receives attendance credit, the service participant is required to sign-in when they arrive to group. Service participants who do not sign in for group completely may not receive credit for attendance.

Assignments

[AGENCY NAME] is a self-paced program. Participants are responsible for completion of all assignments in the workbook. Some assignments have specific completion dates which participants are expected to meet. On occasion an additional or specific assignment may be assigned to an individual or to the group. If service participants do not have these assignments completed, the service participant may be asked to leave the group and may not receive attendance credit for that session. It is the participants' responsibility to put their name on the board if they have questions or need additional direction regarding any assignment.

Electronic Device Policy

[AGENCY NAME] service participants are not allowed to respond to phone calls during group sessions without [AGENCY NAME] staff approval. Cell phones are permitted in [AGENCY NAME] groups, as long as the devices are placed on silent mode or vibrate. Blue-tooth-enabled earpieces are not allowed to be worn or connected in [AGENCY NAME] groups. Tablets, computers, and iPods are expected to be turned off and put away if they are brought on to the [AGENCY NAME] premises. The only exception is if the device is being used as part of an opening a group or presentation.

Materials

Service participants are expected to bring a pen/pencil and all program materials to every group. All service participants are required to purchase the [AGENCY NAME] Accountability Workbook. The Workbook is \$25.00. The Workbook should be purchased no later than service participant's second [AGENCY NAME] group session.

Requesting Agenda Time

If a service participant needs time during a group session to discuss anything (including, but not limited to exiting the group), the service participant is expected to write his name on the board, along with what he is requesting group time for, before the group begins. This will alert the Group Leader that the service participant is requesting time in the group's agenda.

Clothing

Service participants in the [AGENCY NAME] group setting are not allowed to wear clothing which is racist, degrading to women, makes reference to violence or oppression of any kind, makes reference to drugs, tobacco, alcohol, or drinking establishments. This policy applies to anything service participants bring to the [AGENCY NAME] group setting including tattoos, backpacks, cigarette packs, key chains, etc. Violation of this policy may result in the participant being asked to leave group or removing the offending item. Failure to comply will result in participant being asked to leave, being charged for group, and not receiving credit for the group session.

Food

Food and non-alcoholic beverages are allowed in the group room. Participants are responsible for cleaning up after themselves. There is no gum, cough medicine, and non-edible items such as toothpicks allowed in group.

Group Start Time

It is the group's responsibility to start group on time. If the Group Leader does not start on time the Group Leader and/or all members of the group may receive an enrichment assignment.

Changing Home Group

Service participants have an assigned Home Group. Those wishing to change their Home Group for any reason should complete a Group Change Request form and inform the Home Group facilitator.

Criminal Behavior

If a service participant engages in any criminal activity the service participant is expected to immediately inform the [AGENCY NAME] group facilitator. This information may be shared with appropriate entities.

Use of Violence

If a service participant uses violence while enrolled in the [AGENCY NAME] program, [AGENCY NAME] Program staff expects the service participant to immediately notify the referring court agent. In addition, [AGENCY NAME] staff may also report the violence to the referring court. If a service participant is seeking [AGENCY NAME] services without court involvement and uses violence while enrolled in the [AGENCY NAME] Program, [AGENCY NAME] staff expect the service participant to report the service participant's violence to the criminal justice system immediately. This report to the CJS is a condition of continued [AGENCY NAME] Program service.

Alcohol/Drug Use

Service participants are not allowed on [AGENCY NAME] premises when under the influence of alcohol and/or any other mood altering drugs. If a participant is prescribed a mood altering substance by a licensed physician they must provide proof and the consumption of the drug cannot impair their ability to participate in group. Participants are responsible for notifying their facilitator if they are taking any prescription medication and may be requested to provide proof.

Alcohol/Drug Testing

If [AGENCY NAME] / [AGENCY NAME] staff suspects an [AGENCY NAME] service participant of being under the influence of alcohol and/or other drugs while on the premises the participant may be required to take an alcohol and/or drug test. This will assist in comprehensively and quickly responding in an appropriate manner. The service participant may be expected to go to a testing facility and submit a specimen. The service participant is responsible for all fees and costs incurred by testing. Failure to comply with this request will be considered a refusal to provide a specimen and may result in discharge from [AGENCY NAME] Programming.

[AGENCY NAME] may release the results of such testing to those parties/agencies for whom the service participant has signed an Information Release Authorization. This will assist in ongoing assessment, referral, reporting, safety planning and/or treatment coordination with those parties/agencies.

No Credit

An [AGENCY NAME] facilitator may ask a service participant to leave a group session without credit for the group. The most common reasons include:

- Not having an assignment completed
- Apparel that is in violation of the [AGENCY NAME] Clothing policy
- Sleeping in group
- Violation of or not having a required Payment Plan
- Being disruptive in the group
- Refusing to participate in the group

If a service participant is asked to leave, the service participant will be expected to comply without further discussion of any kind. Unless the service participant is told otherwise, the service participant will be expected to return to group the next week and discuss service participant's behavior.

Correspondence

Ongoing reports are routinely provided to referring agents for whom there is a valid release on file. Any additional correspondence requires two-weeks notice and a valid release of information. Service participants requesting documentation for themselves are also expected to provide two-weeks notice. Participants who wish to prove their attendance to the court, between monthly reports, may use the Meeting Logs as documentation.

Program Completion

Program completion requirements are detailed in the [AGENCY NAME] Accountability Workbook.

The [AGENCY NAME] program is designed to be a 52-session program (12 group sessions are to be completed when in the Options level of the program) with completion requirements that include 8 mentoring hours. However, courts may require participation in more or fewer group sessions. Individuals referred or who volunteer to attend fewer than 52 sessions are welcome to participate in [AGENCY NAME] but it will be documented that they attended, rather than completed, the program.

Mentoring Requirements

A condition of [AGENCY NAME] Program completion is all service participant must complete 8 hours of mentoring. Service participants can begin their mentoring as of session #20 if they are in Tactics or Options. A maximum of 4 mentoring hours may be done while a service participant's Home Group is Tactics. Mentoring hours are to take place outside of group in person or over the phone. Participants are required to document their mentoring by recording the date they mentored, how long they mentored for, who they mentored, and the material they covered, in their own mentoring log.

Children

[AGENCY NAME] / [AGENCY NAME] does not provide childcare. In an emergency situation, a service participant who is unable to obtain childcare may bring a child younger than 18 months to group. While attending, the service participant is expected to comply with the following:

- The child should not unduly disrupt the group or destroy property.
- The participant should be able to remain focused and active in group.
- Toys and snacks should be brought by the participant for his children and cleaned up by the service participant following group.
- The service participant must use positive, non-abusive interactions with the child.

ATTENDANCE INFORMATION

Attendance

Participants are expected to attend their Home Group every week and will receive credit for one home group per week unless using the Alternate Group Policy described below. If they cannot attend they are expected to follow the Alternate or Cancellation Policy. There is no distinction between “excused” or “unexcused” absences.

Late Participants

Participants have a 10-minute grace period from the official start of their group time to arrive timely to group. After this 10-minute grace period, participants who are later arrivals may or may not be allowed to stay with credit and group has the option of creating enrichment assignments appropriate to the circumstances. Facilitators have the option to extend time limits based on weather or severe traffic situations.

Absences

Service participants are allowed up to 9 absences. These absences do not count towards the 52 sessions. Participants are expected to cancel their group in accordance with the cancellation policy (see the “Cancellations” section below), and to manage their absences using the Alternate and Extra group policies. Service participants will be discharged from [AGENCY NAME] one week after their 10th absence (see “Discharge Status” section below).

Cancellations

Service participants who are unable to attend their group session are expected to call **734.971.9781 Ext.349** and leave a voice mail cancelling their attendance before the group begins. Failing to call the cancellation line and leaving a cancellation voicemail will result in a charge of the service participant’s weekly tuition for the missed session and noted as a “No Show”. For example, if the service participant’s group starts at 6:00 p.m., the service participant must call the cancellation line and leave a voicemail message by 5:59 p.m. Calling after the start of group will result in a charge of the service participant’s weekly tuition and will be noted as a “Late Cancel.”

It is the service participant’s responsibility to monitor their attendance status and address any questions about their status to [AGENCY NAME] staff.

Alternate Group

If for any reason, within one week of a service participant’s Home Group, the service participant is unable to attend the Home Group, the service participant may attend an Alternate Group (either one week before, the week of, or one week after the designated Home Group), which will count as a session number. All other offered [AGENCY NAME] groups can count as an Alternate Group. Alternate Groups require paying assessed tuition. The service participant will need to sign-in on the [AGENCY NAME] sign in sheet when attending an Alternate Group. [AGENCY NAME] reserves the right to not given credit to service participants who appear to be misusing this policy.

Extra Group Sessions

Extra Group Sessions allow service participants to remove absences (One Extra Group Session = Removal of one absence). All other offered [AGENCY NAME] groups can count as an Extra Group Session. Service participants are not charged for Extra Group Sessions. Extra Group Sessions do not count as a session number towards [AGENCY NAME] Program completion.

Free Attendance

After service participants have met the Program Completion Requirements and completed their Sankofa they are welcome to continue attending at no cost or return at a later date at no cost. If service participants choose to make donations they are welcome to do so. Expectations regarding attendance, assignments, etc. are the service participant’s responsibility to negotiate in group with service participant group members.

Free attendance does not pertain to an individual who has completed the program and is then court mandated to attend the program at a later date due to a new charge.

PAYMENT INFORMATION

Tuition Assessment and Income Documentation

[AGENCY NAME] programs, including [AGENCY NAME] , offer services regardless of a service participant's ability to pay. Tuition is assessed on a sliding-fee scale based on a service participant's gross (before taxes) income. [AGENCY NAME] requires documentation of service participants' income in order to confirm the information submitted. Acceptable Income Documentation includes a copy of the service participant's: W-2, W-4, or current pay stubs. Service participants may be required to update/document service participant's income information at a later date(s), as requested by [AGENCY NAME] staff. If service participants do not submit income documentation accompanied by the "Income Documentation" form (provided during Orientation) by their second [AGENCY NAME] group session, they will be charged the full fee of \$85.00 per session.

Service participants are required to sign a tuition agreement and are responsible for reporting and bringing in proof of documentation of any changes in income, such as a salary change or a new job, to [AGENCY NAME] staff.

Payment for Service

Service participants are required to make a tuition payment for each Home and Alternate group session attended. Payment is expected at the time of service before the session begins. All payments are to be made to the receptionist. Payment may be made by check, money order, certified check, Visa, MasterCard or Discover. Checks, money orders, or certified checks must be made payable to [AGENCY NAME] . Service participants will be charged a \$65.00 per check service fee for a returned check.

Third party payment will only be accepted if a valid Information Release Authorization is on file or if the service participant is with the person making the payment.

Service participants who pay for the entire program in advance will receive a 10% reduction in the total cost.

Thirty (30) days after a service participant leaves the [AGENCY NAME] Program any funds in the service participant's account will be forfeited unless [AGENCY NAME] staff is informed.

[AGENCY NAME] staff reserve the right to forward any unpaid balance to a collection agency. If the service participant has been referred by the criminal justice system, [AGENCY NAME] staff may inform that system of service participant's balance at any time.

[AGENCY NAME] / [AGENCY NAME] staff reserves the right to amend its tuition policies and tuition scales in accordance with economic and social fluctuations and the need to maintain accountable standards of service programming.

Payment Plans

Service participants who are unable to pay weekly may request a Payment Plan. Service participants must complete a Payment Plan with their group facilitator at a mutually convenient time. The service participant must bring the Payment Plan to all subsequent groups and have the facilitator initial and date the payment plan at the beginning of the group session, until the service participant's Payment Plan expires. It is the service participant's responsibility to make sure the Payment Plan is valid for all groups they attend. Service participants who do not have a valid Payment Plan may not be allowed to attend group and/or receive credit for programming. Service participants who lose their Payment Plan may be charged \$2.00 for another copy.

Service participants are required to contact their group facilitator, at least 4 hours prior to their group, to inquire about a payment plan.

PROGRAM STATUS

Frozen Status

A service participant is placed on Frozen Status when the service participant's tuition balance is three times the service participant's tuition. For example, an assessed tuition of \$40.00 with a balance due of \$120.00 without a payment plan would result in Frozen Status.

In order to be removed from Frozen Status, a service participant's tuition balance must be paid in full. A service participant on Frozen Status who wishes to pay a balance in full and receive session credit for a group session that same day must also pay the tuition amount for the group he is attending.

The service participant may be discharged (see "Discharge Status" section below) once placed on Frozen Status.

Discharge Status

When a service participant is discharged, it means he is not in compliance with the [AGENCY NAME] attendance and/or payment policies. When discharged, a service participant may be unable to receive credit for groups attended.

The following are reasons for [AGENCY NAME] to discharge a service participant from the program:

- 1) Missing 4 [AGENCY NAME] groups in a row, without speaking directly with a staff person
- 2) Having more than 9 absences
- 3) Being on Frozen Status (see "Frozen Status" section above)

The following are how a service participant can be removed from discharge status, and resume the program with the same number of sessions accumulated prior to being discharged:

- 1) Speak directly with an [AGENCY NAME] staff person and create a plan for becoming compliant
- 2) Reduce total absences to 9 or below
- 3) Be taken off Frozen Status (see "Frozen Status" section above)

Closed Status

When a service participant's case is closed it means he must be re-admitted to [AGENCY NAME] (see "Readmission" section below).

Readmission

If a service participant is closed from [AGENCY NAME] before completing the program and then wants to return, he must contact an [AGENCY NAME] staff person.

There are two ways to re-enter the program once a service participant's case has been closed.

1. **Reinstatement:** Previously accrued sessions and absences remain. The participant returns to the session number he left off, and must reduce his absence total to 9 or less within 30 days of readmission into [AGENCY NAME]. Reinstatement may require approval of the service participant's agent. A condition of reinstatement to the [AGENCY NAME] Program may include paying any unpaid tuition balance. The service participant must contact a staff person to create a plan to make up the absences within 30 days of readmission to [AGENCY NAME].

2. **Restart:** Previously accrued sessions and absences are erased. The participant begins [AGENCY NAME] at Session 1 in Discovery, and the absence total returns to zero. The participant may also need to re-attend and pay for [AGENCY NAME] Orientation. A condition of restarting the [AGENCY NAME] Program may include paying any unpaid tuition balance.