

OUTREACH REGISTRATION



CLIENT NAME: _____ DATE: _____

ADDRESS: _____

AGE: _____ DOB: _____ PHONE: _____ EMAIL: _____

RACE: Caucasian African American Asian Hispanic Non-Hispanic
 Other _____

EMERGENCY CONTACT	PHONE	RELATIONSHIP
1)		
2)		

WHAT ARE YOU REGISTERING FOR?

- Monday 12:00 PM to 1:00 PM Art for Your Heart
- Tuesday 10:30 AM to 11:30 AM 12 Step Yogafaitth
- Tuesday 12:00 PM to 1:00 PM Women's AA Meeting
- Tuesday 4:30-6 PM Freedom from Co-Dependency—begins August 13, 2024
- Wednesday 11:30 AM to 12:30 PM SMART Recovery
- Wednesday 6:30 PM to 7:30 PM Healing What's Hidden
- Thursday 6:30 PM to 8:00 PM Forgiving What You Can't Forget begins 07/25/24
- Friday 10:00 AM to 11:00 AM Good Boundaries & Goodbyes Zoom or in-person—date TBD
- Friday 6:30 PM to 8:00 PM Freedom from Co-Dependency—date TBD
- Afternoon Trauma Reboot—date TBD
- Evening Trauma Reboot—date TBD
- First Steps Post-Abortive Healing begins 07/22/24
- On-Site Therapy Services (One class or group participation is required.)

Do you have Medical Insurance? Yes No If yes, list Med. Ins. provider: _____

Are you in recovery? Yes No If yes, how long? _____

I do hereby agree that all the information contained in this registration is true, correct, and complete. I understand that complying with the policies provided separately is required and that failure to comply may result in dismissal from the outreach program.

Signature

Date

MEDIA/PHOTO CONSENT & RELEASE FORM



Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to His House for Her, Inc., its affiliates, and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising, or other media activities (including the Internet). This consent includes, but is not limited to:

1. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice.
2. Permission to use my name; and
3. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio, and electronic media (including the internet, social media, website, and ministry emails), in theatrical media and/or in mailings for educational and awareness.
4. Permission to use written comments and written artistic expressions that I turn in from my program course work or on pages in addition to this coursework or on written testimonies about this program.

This consent is given in perpetuity and does not require prior approval by me.

Name: _____ Date: _____

Signature: _____

I DO NOT CONSENT HHHH TO USE MY IMAGE AND LIKENESS AND/OR ANY INTERVIEW STATEMENTS FROM ME IN ITS PUBLICATIONS, ADVERTISING, OR OTHER MEDIA ACTIVITIES (INCLUDING THE INTERNET)

ACKNOWLEDGEMENT:

My signature below signifies that I have read and understand the terms and conditions set forth in this Media/Photo Consent & Release Form.

Signature of Program Participant

Date

OUTREACH POLICIES



We believe women deserve a chance to triumph over trauma and a place to become whole.

Safety and recovery are extremely important to us. Please review the following policies and keep for your reference.

HHFH is a drug-free, alcohol-free, smoke/vape-free, weapon-free property. Please do not bring any drugs, alcohol, or weapons onto the property. Please keep all smoke/vape items locked securely in your vehicle. Drug, alcohol, or weapon possession will result in dismissal from the outreach program. Proper authorities will be contacted if needed.

- Over-the-counter/prescription medications: Please keep all over-the-counter and prescription medications locked securely in your vehicle. Off property would be best. Over-the-counter and prescription medications are prohibited inside all buildings.
- Please do not attend outreach classes, groups, activities, or events if you are under the influence of any drug or alcohol. This can be triggering; you will be asked to leave.

The following protects the quality of our outreach program:

- 1) Please be kind and respectful while on site.
- 2) Because of class size limits and to get the most from your participation, attendance is expected for all classes or groups registered for. Please inform your facilitator of any absences.
- 3) Please help us keep our schedule by arriving at least 10 minutes before the class or group. Persistent tardiness may be an issue and impact continued class participation.
- 4) Please kindly keep cell phones silenced and out of sight to minimize distractions and respect confidentiality.
- 5) Please do not exchange phone numbers with any resident. This is for your protection and theirs.
- 6) Please do not allow any resident to use your cell phone.
- 7) Please do not make phone calls for a resident. Assuredly, their needs are being met.
- 8) Please do not bring anything of any kind for any resident. This includes money, gift cards, clothing, shoes, surprise gifts, all food, and drinks.
- 9) Please limit all personal items to necessities only. Please always keep your belongings with you and respect the belongings of others.
- 10) Counseling, medical, or light case management services require consistent attendance and participation in at least one HHFH class or group.
- 11) Any issues regarding these guidelines will be brought to the Care Team for discussion and action as needed.

We tried to address the biggies. Should you have further questions, please feel free to ask a Staff Member.

We look forward to serving you!

Renee Arnett