

**IMPORTANT! BE SURE NOT TELL YOUR CHILD HOW LONG YOU WILL BE HERE!**

**Don't tell them any more than you're going to spend some time together away from home.**

Beatitude House Counseling Center  
REGISTRATION and INFORMATION for Families

Child's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SSN \_\_\_-\_\_\_-\_\_\_

Name of person filling out form \_\_\_\_\_

**Parent(s) Names**

Father \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Mother \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Fax \_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mother's Occupation (if outside of home) \_\_\_\_\_ Cell \_\_ (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Father's Occupation (if outside of home) \_\_\_\_\_ Cell \_\_ (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_ (\_\_\_\_) \_\_\_\_\_

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**Other Children Living in Home**

Name	Gender	Age	Grade	Birth or Adopted
_____	M or F	_____	_____	_____
_____	M or F	_____	_____	_____
_____	M or F	_____	_____	_____
_____	M or F	_____	_____	_____

**Other Persons in Home: Caregivers (daycare, family members, sitters, etc.)**

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

Hometown Therapist_____	Phone_(_____)_____
Family Physician_____	Phone_(_____)_____
School Name_____	Phone_(_____)_____
Teacher_____	Phone_(_____)_____
Counselor_____	Phone_(_____)_____

**Church Information**       **Denomination**       **Non Denomination**

**Name and Address of Church**\_\_\_\_\_

**Pastor's Name**\_\_\_\_\_      **Phone**\_(\_\_\_\_\_)\_\_\_\_\_

**Method of Payment**       **Self**       **Insurance**       **State**

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## **Beatitude House Counseling Center Financial Information**

Beatitude House Counseling Center is a not-for-profit Christian Ministry, a tax-exempt 501c3 with the IRS. When a family comes for a two week Attachment Intensive, each week will consist of five to seven sessions. Each session is approximately three hours long.

The following is the client's financial obligation with Beatitude House Counseling Center:

-The cost of the two-week Attachment Intensive is \$6000. Additional sessions can be contracted at the Intensive rate of \$150/hour.

-Half of the fee - \$3000 - is required up front to reserve the date. This is due upon agreement of the date, or 45 days before the intensive, whichever comes first.

-The balance of \$3000 is due before the intensive begins, or on the first (1st) day the intensive commences. This can be paid in one payment or split into two payments.

-Therapeutic parenting/respite is part of the Intensive. Fee will be discussed after receiving all information about your child. We coordinate with the provider, however you need to communicate directly with our respite provider in order to confirm, reserve her time, and make payment.

-Cancellation fees are paid according to the date of the cancellation. Written notification must be postmarked 45 days prior to the scheduled intensive in order to receive a full refund fee. Less than 45 days before the intensive, your deposit will be forfeited.

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## **Financial Information Agreement**

I understand I am responsible for the amount agreed upon, for services rendered during my Attachment Intensive with Beatitude House Counseling Center. Half of that amount will be the deposit fee and the other half will be paid on the first day of the intensive. I understand that transportation, housing and food are not included in the intensive fee.

## **Form of Payment**

Online Payment

Check or Money order

**I understand and accept the terms of this agreement.**

**Yes I agree**

Ways that other families have raised support:

- Local church contribution or love offering
- Various fundraisers e.g. bake sales, rummage sales, etc.
- Bank loans
- Service organizations - Kiwanis, Rotary Club, etc.
- Grants
- Adoption agency support - state or private

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## **Informed Consent: Beatitude House Counseling Center**

### **Consent for Services**

I consent to receive services from Beatitude House Counseling Center for myself or for the child/youth named in this document for evaluations, assessments, or treatment. I agree to pay the fees agreed upon at the time of service.

#### **Consent for Counseling from a Christian Worldview**

My signature below confirms that I desire counseling from a holistic perspective involving assessment and interventions in the spiritual, emotional, physical and social realms from a Christian worldview by my therapist(s) at Beatitude House. I understand that no organized religion or religious denomination is being promoted by my therapist or by Beatitude House in general, but he/she is working solely from a biblical worldview.

I also understand that it is my willingness to work through these difficult memories/feelings with the Lord Jesus Christ that will significantly determine the healing I receive. If I am unwilling to work through these memories, I understand that my therapist and I will need to discuss other options for my treatment including possible referral elsewhere.

#### **Video Consent**

I voluntarily give my permission for Beatitude House Counseling Center to record the therapy/ministry sessions. I understand that these tapes may be used for review during treatment and/or educational or training sessions. Additionally, I understand that these tapes are the property of Beatitude House Counseling Center.

#### **Client Rights**

I understand all of the information in this document and freely consent and agree to all the forgoing conditions. I understand that my consent will expire in one year from the date of signing unless a written request is received to rescind the consent at an earlier date. The confidentiality of client information is protected by both state and federal laws and regulations. Beatitude House Counseling Center is sensitive to and has an obligation to protect your privacy and is committed to holding confidential any information that you give us. This information is protected under the HIPAA (Health Insurance Portability and Accountability Act) of 1996. Additional information about client rights is available upon request.

#### **Written Signature** \_\_\_\_\_

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**SYMPTOM CHECKLIST**

**Child's Name** \_\_\_\_\_

**Completed by** \_\_\_\_\_

**Please rate your child's behavior according to these symptoms. Describe each symptom rated moderate or severe.**

**This checklist MUST be accompanied by additional details.**

**Please circle the number for each symptom (1-10) below.**

**1 NONE 2, 3, 4 MILD 5, 6, 7 MODERATE 8, 9, 10 SEVERE**

- 1.) Superficially charming and engaging (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 2.) Not cuddly on parent's terms (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 3.) Indiscriminately affectionate with strangers (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 4.) Sleep disturbance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 5.) Difficulty with change (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 6.) Irresponsible (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 7.) Inappropriately demanding and bossy (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 8.) Cannot tolerate limits (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 9.) Hyperactivity (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 10.)Lacks trust in others (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 11.)Aggressive/ intimidating behavior (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 12.)Stealing (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 13.)Poor eye contact (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 14.)Accident Prone (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 15.)Wetting and Soiling (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 16.)Impulsive behavior (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 17.)Self mutilating (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 18.)Destructive of property (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 19.)Blatant lying (crazy lying) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 20.)Sexualized behavior (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 21.)Poor peer relations (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 22.)Frequently sad, depressed or hopeless (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 23.)Lacks cause and effect thinking (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
- 24.)Manipulative and controlling (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

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- |  |     |     |     |     |     |     |     |     |     |      |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 25.) High pain tolerance for major injuries              | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 26.) Highly dramatic for minor injuries                  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 27.) Rage-filled outbursts                               | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 28.) Poor hygiene  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 29.) Nonsense questions and incessant chatter            | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 30.) Entitled attitude, grandiose view of self           | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 31.) Blames/lacks owning problems                        | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 32.) Cruelty to animals                                  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 33.) Learning lags and/or language disorder              | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 34.) Sees self as victim/helpless                        | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 35.) Oppositional /defiant                               | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 36.) Cruel- Exploits others                              | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 37.) Abnormal eating habits (include hoarding)           | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 38.) Physically stiff and tense (especially hugs)        | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 39.) Mood swings   | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 40.) Preoccupied with fire                               | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 41.) Fascinated with blood and gore                      | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 42.) Identification with Satan and/or evil               | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 43.) Lacks empathy, remorse and conscience               | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 44.) Lacks Christian values (faith, love and compassion) | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 45.) Incongruent emotions (laughs at others pain)        | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 46.) Trouble asking for help                             | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 47.) Control issues                                      | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 48.) Easily Startled                                     | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 49.) Hyper-vigilant (overly attentive of surroundings)   | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |





