

Life STAR



*A specialized treatment program for youth battling pornography.  
Healing and Hope through Christ*

Group \_\_\_\_\_

### Intake Form for Rising Warriors Program:

Name (Client) \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_

**Parent/Guardian Info:**

Check Box if participating in group.

Name(s) \_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_

With whom is the (client) now living? List people and relationship(s):

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

Please list medications and/or any Medical conditions we should be aware of:

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

## **Informed Consent Form for Rising Warriors Program:**

Group psychotherapy is a widely accepted form of psychological and psychiatric treatment; however, group therapy entails certain risks. This form is designed to tell you about some of the risks of limited confidentiality so that you can make an informed choice about whether you wish to enter therapy in groups led by the Rising Warriors Program staff.

Risks include, but are not limited to, the following:

1. The law may require the therapists to notify the authorities if you reveal that you are abusing children or if you express intent to harm yourself or other people.
2. If you reveal confidential information in the group, that information might be told outside the group by other members of the group. You could be hurt emotionally and economically if this information is revealed outside the group.
3. Other group members will share confidential information. If you share that information outside the group, then the member whose information you share might have grounds to bring legal action against you.
4. Group members agree to have no sexual contact with other group members. Exceptions apply only to those whose legal spouses are also participating in the group.
5. If you violate the confidentiality rules of the group or the conditions of #4 above, you acknowledge that you will be required to discontinue participation in the group.
6. By signing this form, you give permission to the therapists involved with the Rising Warriors Program to discuss your personal information with one another for the purpose of your therapeutic benefit.

I have read and fully understand the information provided above about the risks of group therapy. I have discussed these risks with the group leader and have had the chance to ask all of the questions I wished to ask about the matters listed above and about all other concerns. The group leader has answered all of my questions to my satisfaction. I understand that I can leave the group at any time. By signing this document, I agree to accept the risks listed in this form and the risks explained to me by the group leader.

---

Signature of Group Member

---

Print Name of Group Member

---

Date

---

Signature of Group Member

---

Print Name of Group Member

---

Date

---

Signature of Group Member

---

Print Name of Group Member

---

Date

---

Signature of Group Leader

## Conditions for Rising Warriors Program

Group therapy differs from individual therapy in several important ways. A person becomes an intrinsic part of the group by agreeing to be present at a specific place and time. To come and go on a casual basis affects the group as a whole. Even if you say very little in the group, your presence matters. Usually, it takes a new member some time, perhaps many weeks, to become a part of the functioning group and to feel the sense of belonging and support that comes with it. Newcomers are anxious until they feel more comfortable with the routine. The expenses of the group are the same whether there is one person or ten people there. Thus, the financial arrangement for group therapy may be different from what one might be used to on an individual basis. All members are treated equally. To achieve clarity of understanding and remove uncertainty, the following rules apply:

1. All members are expected to pay one month in advance by the first session of the month (You can put this payment in the payment box at the front desk or mail the payment to Rising Warriors Program at 859 S. Yellowstone Hwy Suite #202 Rexburg Idaho 83440 or arrange for automatic withdrawal payments). The reason for this financial policy is to increase and emphasize ongoing commitment to the group and to the priority of recovery. Accountability and fiscal responsibility are part of recovery. The only excused absences will be if a member has medical concerns or the group member has discussed it with the group and group leader prior to the absence. Just like any tuition, payment is expected for all other absences. Group members are expected to keep financial obligations current at the first session of the month. The reason for this policy is to increase and foster a sense of responsibility and scheduling, which is often difficult in the early stages of recovery. In the event that weather conditions are severe enough to cancel group, a message will be sent to all members of the group and credit will be given. If the therapist cannot make group and cannot find a substitute to run group, then credit will be given to all group members.
2. Confidentiality is perhaps the most important aspect of your therapy group. It is necessary to establish trust and cohesion in group, and all must assume this responsibility for the group to be healthy. Rising Warriors Program emphasizes the importance of keeping group issues within the group. It is critical that you **do not** discuss any group issue with anyone else, including family members or partners. Group needs to be a safe place for all to come to each week.
3. Group therapy differs from individual therapy and 12-step meetings. All members need to be present consistently for the group to be vital and healthy. Fragments of a group occurring at *other* times often undermine the work of the group as a whole. Examples are: dating among members; discussions of group issues outside of group; or meeting regularly as a sub-group. Secrets affect everyone. **Recovery requires rigorous honesty.** Such occurrences must be discussed in group and resolved in favor of the integrity of the group. Chronic lateness falls into this category, as well as any kind of absence, including vacations. Absences are an important issue since the absence of one group member affects the group far more deeply than that group member may

realize. Therefore, your presence is important for each weekly session. This commitment is made in order to foster and promote group bonding and support, which is crucial in order to derive benefit from this type of therapy. Two unexcused absences in a row, without discussion with the therapists and the group as a whole, will result in discontinuance in participation of the group, for the good of the group. A group member may re-apply to the same or a different group if he or she is willing to make the commitment to function as part of the group. In other words, for a person to achieve maximum benefit in a group, he or she must decide that, for an hour each week, the commitment to group is the most important thing in his or her normal schedule.

4. Holidays: If a group is scheduled to meet during a commonly recognized holiday, it is strongly recommended that the group move to an alternate, convenient time for that week. The momentum of the group process must not be lost, since holiday times are normally a period of stress for the newly recovering person. If a holiday occurs on the same day two weeks in a row (such as occurs at Christmas and New Year's), a group may, under these circumstances only, elect to meet just once during that holiday week at a mutually acceptable time. Maximum effort must be made to find a time convenient to all, so the process of the group will not be interrupted. If the group day is moved for the holiday and a member must work at that time, he or she will not be charged for that group session.

I have read and agree to the above conditions.

Signature of Group Member	Print Name of Group Member	Date
---------------------------	----------------------------	------

Signature of Group Member	Print Name of Group Member	Date
---------------------------	----------------------------	------

Signature of Group Member	Print Name of Group Member	Date
---------------------------	----------------------------	------

Signature of Group Leader
---------------------------

## Financial Agreement for Rising Warriors Program

I, \_\_\_\_\_, agree to the following arrangement with Rising Warriors Program:

Tuition for the Rising Warriors Program is outlined by the following:

Rising Warriors Program Group Sessions.....	\$25.00
per session	
Parent Group Sessions (usually held once per month).....	\$25.00
Resource Manuals, Tool Box, Other Printed Material: 1 x fee.....	\$35.00

1. I will pay one month in advance my tuition of     \$100.00     in order to secure my place in the group for that month.
2. I will make payment of \$35.00 for Resource Materials, tool box and other printed material at the start of group.
4. I will pay by cash or check.
4. I understand that, like tuition, I am expected to pay for all groups, whether or not I am present. Extenuating circumstances will be considered on an individual basis.
5. If I am unable to meet the above requirements, I will have to take a leave of absence from the group—and possibly lose my place—until I am in compliance with the above guidelines.

_____ Signature of Group Member	_____ Print Name of Group Member	_____ Date
------------------------------------	-------------------------------------	---------------

_____ Signature of Group Member	_____ Print Name of Group Member	_____ Date
------------------------------------	-------------------------------------	---------------

_____ Signature of Group Member	_____ Print Name of Group Member	_____ Date
------------------------------------	-------------------------------------	---------------

\_\_\_\_\_  
Signature of Group Leader