



# **4 Real Solutions 4 Real Life Problems**

## **Participation Policy**

### **1. Conduct and Behavior**

Participants must maintain respectful and appropriate conduct during all sessions. Disruptive behavior—including, but not limited to, eating or drinking during class, inattentiveness, sleeping, or use of electronic devices—is strictly prohibited.

### **2. Confidentiality**

All participants must honor the confidentiality of fellow group members. Sharing personal information disclosed during sessions outside of the program is strictly prohibited. Facilitators may release information only when a participant has provided written consent authorizing such disclosure.

### **3. Attendance and Punctuality**

Participants are required to arrive on time and remain for the full duration of each session. Entry will not be permitted if arrival is more than five (5) minutes late. Three late arrivals will be documented as disruptive behavior and will reflect negatively on attendance records.

### **4. Substance-Free Requirement**

Participants must attend sessions free of drugs, alcohol, or any impairing substances. If a facilitator has reasonable suspicion that a participant is under the influence, the participant may be dismissed from the session. The use of chewing tobacco is also prohibited.

### **5. Verification of Identity**

A valid government-issued photo identification must be presented at the intake session to confirm participant identity.

### **6. Intake and Cancellation Policy**

If a participant schedules an intake session and fails to attend without providing at least

**twenty-four (24) hours' notice, the intake fee is non-refundable, and a \$70.00 charge will be applied to all future appointments.**

#### **7. Payment Policy**

**All payments must be made at the time of service. Payments are non-refundable once the service has been rendered. Any disputed transactions will result in the full fee being reapplied, in addition to a \$30.00 dispute or bank fee.**

#### **8. Right to Refuse Services**

**Care 4 His Creation/Real Solutions reserves the unconditional right to refuse services to any individual at any time.**

#### **9. Authorization to Release Information**

**Care 4 His Creation/Real Solutions facilitators/staff will only release information if there is a signed consent from the client authorizing information exchange.**

#### **10. Threats, Violence, and Discrimination**

**Any participant who makes threats to harm or kill another individual will be immediately reported to law enforcement and the referring court. Any identifiable or foreseeable victim(s) will also be notified. Participants who threaten self-harm will be reported to the appropriate protective agency. Racial, discriminatory, or hate-based comments are strictly prohibited and will result in immediate termination from the program.**

#### **11. Weapons Prohibition**

**Participants are strictly prohibited from bringing weapons of any kind—including, but not limited to, firearms and pocket knives—into any class session. Any suspicion of weapons will result in immediate dismissal from the program. And remember, those who are on active parole or probation are prohibited from carry any of these as mentioned which is a violation of your probation and parole.**

#### **12. Confidentiality of Group Relationships**

**Participants are prohibited from developing personal or romantic relationships with other participants outside of group sessions. This policy is intended to preserve program integrity and participant safety.**

#### **13. Family, Partners, and Friends**

**Partners, family members, and close friends may not enroll in the same class together. They may, however, register for other classes within the program. With multiple weekly sessions available, alternative scheduling is accessible.**

#### **14. Guests and Children**

**Children and guests are not permitted to attend or remain in class sessions. Participation is limited strictly to registered clients.**

#### **15. Appropriate Attire**

**Participants are expected to wear appropriate, non-revealing attire during all sessions. If attire is deemed inappropriate, the facilitator or supervisor will privately address the matter, and the participant may be denied entry to class.**

#### **16. Assessments**

**Completion of both pre-assessment and post-assessment forms is required. These assessments are used to evaluate program effectiveness and track participant progress.**

#### **17. Attendance and Reinstatement**

**Participants who do not attend a class for six (6) months will be classified as inactive. To reinstate, they must complete a new online intake and pay the intake fee of \$70.00. If a participant resumes classes before the six-month mark, a new intake must still be completed, but no additional intake fee will be charged.**

#### **18. Case File Review**

**Upon written request, a participant may review their case file with the Program Director or Group Facilitator. If the review extends beyond ten (10) minutes, an hourly administrative fee will apply.**

#### **19. Personal Property**

**Care 4 His Creation/Real Solutions assumes no responsibility for lost, stolen, or damaged personal belongings. Participants are solely responsible for items they bring to class.**

#### **20. Program Format Adjustments**

**If the facilitator determines that a language barrier exists or that the group format is not an appropriate fit for the participant, a one-on-one format may be recommended to ensure effective participation.**

#### **21. Volunteer and Self-Referred Participants**

**Individuals attending Care 4 His Creation/Real Solutions on a voluntary or self-referred basis must sign a "Declaration of Volunteer Form" in the presence of the facilitator prior to beginning sessions. This form acknowledges that Care 4 His Creation will not issue documentation of attendance or completion to the participant or any third party.**

#### **22. Attendance Records**

**The class sign-in sheet is used solely for internal attendance tracking and does not constitute**

**official proof of enrollment. It may not be used as verification for court, probation, or any third-party requirements.**



#### **COURT-ORDERED CLIENTS**

##### **1. Video Participation Requirement**

All participants are required to have their video function enabled during sessions. If your current device does not support video capability, you are responsible for securing an alternative device (e.g., laptop, tablet, or phone) that does.

#### **POLICY FOR COURT-ORDERED AND WORK-MANDATED PARTICIPANTS**

Participants referred by a court, probation officer, parole, or employer are subject to the following requirements and conditions regarding documentation, progress reports, and accelerated classes:

##### **1. Definition of Program Week**

For all scheduling and reporting purposes, Care 4 His Creation/Real Solutions defines a program week as running from Monday through Sunday.

##### **2. Court Minutes Requirement**

At the time of intake, participants must provide a copy of the official court minutes. Progress reports will not be issued without court minutes on file. In the absence of court minutes, only proof of enrollment may be provided.

##### **3. Consent for Information Exchange**

Participants must sign an authorization form permitting Care 4 His Creation/Real

**Solutions facilitators to obtain and exchange necessary information with the court or supervising agency.**

**4. Issuance of Documentation**

**Official documents—including progress reports and proof of enrollment—will not be transmitted electronically (via email or text). All documents will be issued only in hard copy to preserve authenticity and integrity.**

**5. Accelerated Classes**

- **Accelerated classes (more than one session per week) will only be permitted if expressly authorized by the court/ or parole agent.**
- **Participants must provide documentation from their court minutes confirming that the presiding judge has granted approval for accelerated participation.**
- **Without such documentation, participants will be restricted to one class per week (Monday–Sunday).**

**6. Progress Report Content**

**Progress reports will reflect the number of sessions completed beginning on the date specified in the court minutes. Any sessions completed prior to the issuance of the court order may be documented separately on a Verification of Enrollment Form, but they will not appear on the official progress report.**

**7. Violence and Threats**

**Violence, threats, foul or abusive language, and discriminatory remarks will not be tolerated. Any such behavior will be immediately reported to the court, probation, parole office, or referring workplace.**

**8. Notification of Non-Compliance**

**Care 4 His Creation may notify the court or monitoring agency in writing within thirty (30) days if a participant fails to complete the program, performs unsatisfactorily, or is not participating in or benefiting from the program.**

**9. Attendance and Absences**

**An “Attendance Alert” will be issued to the court, probation officer, monitoring agency, or workplace when a participant accumulates six (6) absences. Termination from the program may occur if more than six (6) absences are recorded.**

**10. Verification of Identity**

**Participants must verify their identity with valid photo identification at the time of**

**intake. While a copy will not be retained, identity verification is required in order for staff to issue reports.**

**11. Court Minutes Requirement**

**At intake, participants must provide a copy of official court minutes. Progress reports will not be issued without this documentation. In the absence of court minutes, only proof of enrollment may be provided.**

**12. Consent for Information Exchange**

**Participants must sign a written release of information authorizing Care 4 His Creation to communicate with courts, probation officers, or other monitoring agencies before any documentation will be released.**

**Documentation Issuance**

**13. Official progress reports and proof of enrollment will not be transmitted by email or text to clients, in order to maintain document integrity.**

**14. Reports may be faxed or mailed via USPS to clients. Participants must provide sufficient notice for preparation and mailing.**

**15. Reports may be emailed directly to attorneys only if written authorization has been provided.**

**16. Progress Report Content**

**Progress reports will only reflect sessions completed after the date listed in the court minutes.**

**Compliance**

**Failure to comply with the above requirements, including maintaining video participation or providing accurate and timely court/probation information, may result in delayed reporting or non-compliance with your court-ordered obligations. Such non-compliance may affect your standing with the court and/or probation department.**

# Care 4 His Creation & Real Solutions

## ACKNOWLEDGMENT AND AGREEMENT TO PARTICIPANT POLICIES

I, \_\_\_\_\_ (print full name), acknowledge that I have received, read, and fully understand the **Policies for Participants** of Care 4 His Creation / Real Solutions.

I understand that these policies include, but are not limited to, the following:

- Requirements for attendance, punctuality, and participation.
- Confidentiality and conduct expectations during sessions.
- Substance-free and weapons-free participation.
- Identity verification and documentation procedures.
- Rules regarding threats, violence, inappropriate behavior, or discriminatory remarks.
- Policies specific to court-ordered or work-mandated participants, including the requirement to provide court minutes, signed consent for release of information, and advance notice for progress report requests.

I further acknowledge that:

1. Failure to comply with these policies may result in delayed documentation, non-compliance with court or workplace requirements, and/or termination from the program.
2. Care 4 His Creation / Real Solutions reserves the right, in its sole discretion and with or without notice, to terminate my participation in the program.
3. I am responsible for understanding and adhering to all policies as a condition of participation.

By signing below, I affirm my agreement to comply with all program rules, policies, and requirements as stated.

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**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facilitator/Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# Care 4 His Creation & Real Solutions

## POLICY ACKNOWLEDGMENT FORM

### Care 4 His Creation / 4 Real Solutions 4 Real Problems

I, \_\_\_\_\_ (print full name), acknowledge that I have read, understood, and agree to comply with the policies of Care 4 His Creation / Anger Management 818.

Please **initial** each section to confirm your understanding:

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#### \_\_\_\_ Attendance & Punctuality

I understand I must arrive on time, stay for the full session, and that excessive absences or tardiness may result in termination or negative reporting.

#### \_\_\_\_ Conduct & Confidentiality

I will participate respectfully, maintain confidentiality of all group members, and refrain from disruptive behavior.

#### \_\_\_\_ Substance-Free & Weapons-Free Policy

I will not attend sessions under the influence of drugs, alcohol, or other substances, and I will not bring weapons of any kind.

#### \_\_\_\_ Court-Ordered / Work-Mandated Requirements

I understand that I must provide court minutes, signed consent for information release, and follow all reporting requirements. Accelerated classes will only be allowed with documented court approval.

#### \_\_\_\_ Documentation Requests

I understand that reports require advance notice (8 days), may incur rush fees, and will only be provided through approved methods (fax, mail, or to attorneys with authorization).

#### \_\_\_\_ Threats, Violence, & Discrimination

I understand that threats, violent behavior, racial or discriminatory remarks, or foul language

will not be tolerated and will be reported immediately to courts, probation, parole, or employers.

**\_\_\_\_ Identity Verification**

I understand I must verify my identity with valid photo ID at intake before any official reports will be issued.

**\_\_\_\_ Termination Policy**

I understand that failure to comply with these rules may result in dismissal from the program at the sole discretion of Care 4 His Creation / Anger Management 818.

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By signing below, I affirm that I have read, understood, and agree to abide by all policies.

**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facilitator/Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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