Survivors Healing Center
A Welcoming Place for Survivors of Child Sexual Abuse and Their Supporters

Thank You for your Interest in our Therapy Groups for Survivors of Childhood Sexual Abuse

Group Therapy Sign-Up Process

PLEASE READ CAREFULLY, AND SIGN AND DATE THIS REGISTRATION FORM.

1. Please return the completed form with a $45 deposit. This is a NON-REFUNDABLE application fee, which covers intake interview and administrative costs
2. Once Survivors Healing Center receives your information, you will be placed on a waiting list. You may contact the staff to determine your status on the waiting list.
3. A therapist will contact and schedule an intake interview with you, asking questions about your history, specific needs, goals, and your current situation. You may also ask questions at this time regarding group format or any information you would like to know.

REFUND EXCEPTIONS
Deposits will only be refunded if SHC is not available to accommodate you in the group assigned during the interview.

PAYMENT PLAN FOR GROUP PARTICIPATION
1. Cost of a 12-week group series is $45-75 per week, or $540-$900 for the entire series.

2. A Sliding Fee Scale is offered based on your income for clients who need financial assistance.

***After the group series begins you are responsible for full payment regardless of attendance. Please sign in the space below that you agree to pay for the full 12 weeks of therapy once you have begun attending the group. Thank You!

Signature:__________________________________________ Date_________________

Please continue on other side

Updated 6/12/14
Name: __________________________ Phone#: ___________
Date: __________________________ Cell#: ___________
Address: ________________________ Ok to leave a message saying SHC? Y ____ N____
__________________________________

Please give us your email if you would like to receive information regarding our events or any other services offered by SHC:
E-mail address: __________________________

PLEASE ☑ CHECK THE PROGRAM(S) FOR WHICH YOU ARE INTERESTED IN:
   o Women’s Therapy Group (English)    o Expressive Arts Women’s group
   o Young Adult Women’s Therapy Group   o Men’s Therapy Group
   o LGBTI Therapy Group                 o Parent’s Group
   o Partners Group                      o Other, please describe:_____________

   Therapist name: _______________________

Availability: Please tell us when you are available for therapy group during the week. Groups are two hours long and are run in the mornings and evenings:

______________________________________________

Optional Information (All information is kept confidential.)
Survivors Healing Center requests this information to better understand its clients.
   a) Ethnicity: _______________ d) Gender: _______________
   b) Primary Language spoken: _______________ c) Secondary Language,________
   c) Occupation: __________________________

If you qualify for Victim Services please give us your
VOC claim #: __________________________ Date________________
CalWorks Caseworker _____________________ Phone___________ SSN ___________
Insurance:

Please send this form with a non-refundable deposit to Survivors Healing Center.

For office use only:
Date: ____________ Fees: ______ Deposit: ______ Received:_____
Therapist Name: _______________________ Client Card: ____ E-News: ____ Database: ____

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