



Family Advocacy Program Intake

FAMILY ADVOCACY PROGRAM CLIENT INFORMATION

Date: _____

Client Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____ Social Security Number: _____

Work Phone: _____ Sponsor's Social Security Number: _____

Cell Phone: _____ E-mail Address: _____

Referral/Source: _____

Relationship of Client to Sponsor: ☐ Self ☐ Spouse ☐ Child ☐ Other Family Member

Sex: ☐ Male ☐ Female

Race: ☐ Caucasian ☐ African-American ☐ Native American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other: _____

Date of Birth: _____ Is Client Foreign Born? ☐ Yes ☐ No

Education: ☐ Less than High School ☐ High School Equivalent/GED
☐ High School Diploma ☐ Vocational ☐ Some College
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree
☐ Other _____

Marital Status: ☐ Dual Military Couple ☐ Never Been Married ☐ Married
☐ Divorced ☐ Separated ☐ Widowed
☐ Other: _____

Marriage Date: _____ (if applicable) Number of Marriages: _____

Divorce Date: _____ (if applicable) FAP: ☐ Child Abuse ☐ Spouse Abuse

Privacy Act Statement signed? ☐ Yes ☐ No Referral Source: _____

Spouse or Sponsor Information

Spouse/
Sponsor Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____

Social Security Number: _____

Work Phone: _____

E-Mail Address: _____

Race: ☐ Caucasian ☐ African-American ☐ Native American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other: _____

Date of Birth: _____ **Is Spouse Foreign Born?** ☐ Yes ☐ No

Education: ☐ Less than High School ☐ High School Equivalent/GED
☐ High School Diploma ☐ Vocational ☐ Some College
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree
☐ Other: _____

Family Information

Do you have children living at home? ☐ Yes ☐ No
Are you a single parent? ☐ Yes ☐ No

List children and others living with you:	Birth Date	Sex	Does this person have special EFM needs?	
1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Civilian Employment Information

	Client	Spouse/Sponsor
Name of Employer		
Address		

Military Information

Client's/Sponsor's Command/UIC: _____

Branch of Service:

☐ Navy ☐ Marine Corps ☐ Air Force ☐ Army ☐ Coast Guard

Status:

☐ Active Duty ☐ Activated Reserves ☐ Retired ☐ Other

Type of Unit:

☐ Aviation ☐ Surface ☐ Submarine ☐ Shore ☐ Other

Pay Grade: _____ **Personal Reliability Program:** ☐ Yes ☐ No

Designator/Rating: _____ **Total Time in Service:** _____

EAOS (End of Active Obligation Service) Date: _____

Arrival Date at Current Duty Station: _____

Departure Date from Current Duty Station: _____

Deployment Status:

☐ In Home Port ☐ Non-Deployable Unit ☐ Deployed
☐ Detached/not yet at New Command ☐ Not Applicable

Quarters: ☐ BEQ/BOQ ☐ Government Housing ☐ Ship ☐ Private Housing

Geographical Bachelor: ☐ Yes ☐ No

Adult Personal History

Describe the family in which you grew up

What are your parents' names? _____

Were your birth parents married? ☐ Yes ☐ No

Are your birth parents still married? ☐ Yes ☐ No

If divorced, when? _____

How many brothers? _____ **Ages:** _____

How many sisters? _____ **Ages:** _____

Which child were you by birth? ☐ Oldest ☐ Youngest or ____ of ____ children

If you were not raised by your birth parents, who raised you? _____

Has anyone in your immediate family died? ☐ Yes ☐ No

If yes, who and cause of death? _____

Is there a history of mental health problems or alcohol or drug abuse? ☐ Yes ☐ No

Other problems? _____

Describe the relationship your parents or guardians have with each other:

☐ Cold-Distant ☐ Stormy-Arguments ☐ Abusive-Verbal and/or physical fights
☐ Loving-Close ☐ Tolerant-Put up with each other

Describe the relationship between you and most partners you have been involved with:

- | | |
|--|--|
| <input type="checkbox"/> Cold-Distant | <input type="checkbox"/> Stormy-Arguments |
| <input type="checkbox"/> Loving-Close | <input type="checkbox"/> Tolerant-Put up with each other |
| <input type="checkbox"/> Abusive-Verbal and/or physical fights | |

Describe the relationship between you and your mother:

- | | |
|--|--|
| <input type="checkbox"/> Cold-Distant | <input type="checkbox"/> Stormy-Arguments |
| <input type="checkbox"/> Loving-Close | <input type="checkbox"/> Tolerant-Put up with each other |
| <input type="checkbox"/> Abusive-Verbal and/or physical fights | |

Describe the relationship between you and your father:

- | | |
|--|--|
| <input type="checkbox"/> Cold-Distant | <input type="checkbox"/> Stormy-Arguments |
| <input type="checkbox"/> Loving-Close | <input type="checkbox"/> Tolerant-Put up with each other |
| <input type="checkbox"/> Abusive-Verbal and/or physical fights | |

Describe the relationship between you and your in-laws:

- | | |
|--|--|
| <input type="checkbox"/> Cold-Distant | <input type="checkbox"/> Stormy Arguments |
| <input type="checkbox"/> Loving-Close | <input type="checkbox"/> Tolerant-Put up with each other |
| <input type="checkbox"/> Abusive-Verbal or physical fights | |

School:

Total number of years of education you have completed? _____

What grade average did you receive? ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's

If a college graduate, what degree did you receive? _____

Other trade or technical training you have received? _____

Navy schools you have attended and completed _____

Work:

What is your present job? _____

How long have you had this job? _____

How do you feel about your job? ☐ Hate it ☐ Tolerate it ☐ Like it

What future profession/career do you hope to have? _____

Financial:

Description of your present financial condition:

- ☐ Excellent ☐ Good ☐ Fair ☐ Very bad

If you are having financial problems, have you asked for help from the following:

- ☐ CAPS Counselor ☐ Red Cross ☐ Navy/Marine Corps Relief

☐ Command Financial Specialist ☐ Consumer Credit Counseling

Have you received any letters of indebtedness? ☐ Yes ☐ No

If yes, please list _____

Spiritual/Community Involvements:

Spiritual involvement: ☐ Yes ☐ No If yes, describe: _____

Do you participate in any community activities or organizations? ☐ Yes ☐ No

If yes, please describe: _____

Health:

☐ I am in excellent health ☐ I am in good health

☐ I am in fair health ☐ I am in poor health

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, when were you hospitalized and what were you treated for?

List medications you are taking: _____

Have you been in counseling before (Psychiatrist, Psychologist, Social Worker, Marriage & Family Counselor)

☐ Yes ☐ No If yes, when? _____

Describe reason for seeking help: _____

Abuse Experiences:

Check any of the following incidents that have happened to you and briefly describe:

☐ Verbally abused By whom: _____

☐ Physically abused By whom: _____

☐ Sexually harassed By whom: _____

☐ Sexually abused By whom: _____

☐ Raped By whom: _____

Alcohol/Drugs:

Check all that apply to you

☐ I have used drugs in the past

☐ I drink, but I do not get drunk.

☐ I have had some problems with drinking.

☐ I have been told by someone that I have a problem with alcohol.

☐ I can drink more now than in the past.

- ☐ I do not drink alcohol at all.
- ☐ When I drink, it helps.
- ☐ When I drink, it does not help.

Behaviors:

- | | |
|---|--|
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Suicide attempt |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Do things over and over |
| <input type="checkbox"/> Work Problems | <input type="checkbox"/> Can't sleep |
| <input type="checkbox"/> Often put things off | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Act on impulse | <input type="checkbox"/> Get mad often |
| <input type="checkbox"/> Lose control | <input type="checkbox"/> Can't eat |
| <input type="checkbox"/> Sleep all the time | <input type="checkbox"/> Problems with friends |
| <input type="checkbox"/> Cry | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Avoid fearful things | <input type="checkbox"/> Quit job |
| <input type="checkbox"/> Overspend | <input type="checkbox"/> Stay by myself |

Thoughts:

- ☐ I am not very smart.
- ☐ I am worthless, a nobody, useless.
- ☐ I am ugly, unattractive.
- ☐ I am evil, crazy, degenerate or deviant.
- ☐ I am confused and cannot think clearly.
- ☐ I constantly make mistakes. I can't do anything right.
- ☐ I make friends easily.
- ☐ People do not like me.
- ☐ People pick on me.
- ☐ There are people who want to hurt me.
- ☐ I have thoughts of harming myself or someone else.
- ☐ Life is not worth living.
- ☐ I have difficulty making friends.
- ☐ The devil is trying to get me to do something horrible.
- ☐ God speaks to me in a voice like people do.
- ☐ I know that I am getting messages over the radio or TV.
- ☐ I will soon be recognized by the world for who I am.
- ☐ I think life is very serious and people should take it that way.

Feelings:

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Regretful | <input type="checkbox"/> Annoyed | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Restless | <input type="checkbox"/> Depressed | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Contented | <input type="checkbox"/> Fearful | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Panicky | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Energetic | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Envy | <input type="checkbox"/> Ashamed | <input type="checkbox"/> Guilty | <input type="checkbox"/> Helpless |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Confused | <input type="checkbox"/> Jealous |
| <input type="checkbox"/> Hopeless | | | |

Have you or a member of your family experienced the following? (Both your current family and the family you grew up in.)

	Yes	No	Who	When
Serious physical illness	<input type="checkbox"/>	<input type="checkbox"/>		
Mental illness, nervous breakdown or psychiatric care	<input type="checkbox"/>	<input type="checkbox"/>		
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol or drinking problem	<input type="checkbox"/>	<input type="checkbox"/>		
Drug problem	<input type="checkbox"/>	<input type="checkbox"/>		
Arrest or imprisonment	<input type="checkbox"/>	<input type="checkbox"/>		
Social welfare assistance	<input type="checkbox"/>	<input type="checkbox"/>		
Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>		
Family Advocacy Program	<input type="checkbox"/>	<input type="checkbox"/>		

How would you describe the atmosphere at home in which you were raised? _____

How were you punished as a child? _____

How were you punished as a teenager? _____

Did you ever run away from home? ☐ Yes ☐ No

Were you ever:

- ☐ Spanked - With what? _____
- ☐ Slapped - With what? _____
- ☐ Hit - With what? _____
- ☐ Beaten - With what? _____
- ☐ Whipped - With what? _____
- ☐ Physically neglected - By whom? _____
- ☐ Yelled at/putdown/criticized - By whom? _____

Do you feel that you experienced anything as a child that is considered to be sexually inappropriate such as:

- ☐ Sexual kissing/french kissing
- ☐ Touching of breast/genital/anal area
- ☐ Required to watch or exposed to pornography]
- ☐ Required to watch or exposed to sexual acts of others
- ☐ Approached sexually/propositioned/harassed
- ☐ Required to participate in sexual acts: ☐ Oral Sex ☐ Intercourse ☐ Anal Intercourse

Current Situation:

State in your own words that you feel is/are the main problems(s):

What do you or your family expect from being involved with Family Advocacy?

Do you have access to guns or other weapons? _____ If so, where?

Verbal/Emotional/Psychological Abuse

	You	Partner		You	Partner
Scares away friends	<input type="checkbox"/>	<input type="checkbox"/>	Blames you for all the problems	<input type="checkbox"/>	<input type="checkbox"/>
Scares away family	<input type="checkbox"/>	<input type="checkbox"/>	Threatens violence	<input type="checkbox"/>	<input type="checkbox"/>
Withholds approval as punishment	<input type="checkbox"/>	<input type="checkbox"/>	Stays isolated	<input type="checkbox"/>	<input type="checkbox"/>
Yells	<input type="checkbox"/>	<input type="checkbox"/>	Seeks pity	<input type="checkbox"/>	<input type="checkbox"/>
Invades personal space	<input type="checkbox"/>	<input type="checkbox"/>	Demands your attention	<input type="checkbox"/>	<input type="checkbox"/>
Calls names	<input type="checkbox"/>	<input type="checkbox"/>	Resents the children	<input type="checkbox"/>	<input type="checkbox"/>
Forces economic dependence	<input type="checkbox"/>	<input type="checkbox"/>	Tells you about affairs	<input type="checkbox"/>	<input type="checkbox"/>
Insults	<input type="checkbox"/>	<input type="checkbox"/>	Threatens to abuse the children	<input type="checkbox"/>	<input type="checkbox"/>
Hits walls when angry	<input type="checkbox"/>	<input type="checkbox"/>	Threatens to take children away	<input type="checkbox"/>	<input type="checkbox"/>
Puts down other's history, religion and heritage	<input type="checkbox"/>	<input type="checkbox"/>	Insults your abilities as a parent/spouse	<input type="checkbox"/>	<input type="checkbox"/>
Questions other's sense of realty	<input type="checkbox"/>	<input type="checkbox"/>	Insists no one else will have you	<input type="checkbox"/>	<input type="checkbox"/>
Denies other's feelings	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Threatens to hurt other's family	<input type="checkbox"/>	<input type="checkbox"/>			
Says I am in control all the time	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Physical Abuse

	You	Partner		You	Partner
Pinches	<input type="checkbox"/>	<input type="checkbox"/>	Throws objects or food	<input type="checkbox"/>	<input type="checkbox"/>
Squeezes	<input type="checkbox"/>	<input type="checkbox"/>	Abuses pregnant victim	<input type="checkbox"/>	<input type="checkbox"/>
Restrains/Holds	<input type="checkbox"/>	<input type="checkbox"/>	Threatens with weapon	<input type="checkbox"/>	<input type="checkbox"/>
Shakes	<input type="checkbox"/>	<input type="checkbox"/>	Hits with object not usually considered a weapon	<input type="checkbox"/>	<input type="checkbox"/>
Slaps	<input type="checkbox"/>	<input type="checkbox"/>	Rips off clothes	<input type="checkbox"/>	<input type="checkbox"/>
Bites	<input type="checkbox"/>	<input type="checkbox"/>	Attempts drowning	<input type="checkbox"/>	<input type="checkbox"/>
Pulls hair	<input type="checkbox"/>	<input type="checkbox"/>	Ties you up	<input type="checkbox"/>	<input type="checkbox"/>
Hits with fist	<input type="checkbox"/>	<input type="checkbox"/>	Destroys property	<input type="checkbox"/>	<input type="checkbox"/>
Cuts or stabs	<input type="checkbox"/>	<input type="checkbox"/>	Deprives you of sleep, food or medication	<input type="checkbox"/>	<input type="checkbox"/>
Uses a weapon	<input type="checkbox"/>	<input type="checkbox"/>	Commits incest or other child abuse	<input type="checkbox"/>	<input type="checkbox"/>
Spits on	<input type="checkbox"/>	<input type="checkbox"/>	Unpredictable violence	<input type="checkbox"/>	<input type="checkbox"/>
Kicks	<input type="checkbox"/>	<input type="checkbox"/>	Other		
Burns	<input type="checkbox"/>	<input type="checkbox"/>			
Chokes	<input type="checkbox"/>	<input type="checkbox"/>			
Suffocates	<input type="checkbox"/>	<input type="checkbox"/>			

Sexual Abuse

	You	Partner		You	Partner
Makes sexual jokes about opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	Sexually humiliates	<input type="checkbox"/>	<input type="checkbox"/>
Looks at others as sex objects	<input type="checkbox"/>	<input type="checkbox"/>	Has sex with others	<input type="checkbox"/>	<input type="checkbox"/>
Minimizes your feelings or needs	<input type="checkbox"/>	<input type="checkbox"/>	Forces others to view pornographic material	<input type="checkbox"/>	<input type="checkbox"/>
Criticizes you sexually	<input type="checkbox"/>	<input type="checkbox"/>	Has sex for the purpose of hurting	<input type="checkbox"/>	<input type="checkbox"/>
Touches you sexually when you don't want it	<input type="checkbox"/>	<input type="checkbox"/>	Demands that you have sex with another person or in a group	<input type="checkbox"/>	<input type="checkbox"/>
Makes uncomfortable touches	<input type="checkbox"/>	<input type="checkbox"/>	Rapes	<input type="checkbox"/>	<input type="checkbox"/>
Withholds sex and affection	<input type="checkbox"/>	<input type="checkbox"/>	Always demands sex	<input type="checkbox"/>	<input type="checkbox"/>
Uses sexual names for you such as "whore" or "frigid"	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>



Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the “principal purpose” given above, your information may be used for one or more of the “routine uses” listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at <http://privacy.navy.mil/>.

Four of the more important uses are:

- a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
- c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
- d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the “principal purpose” and the “routine uses” given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, family-abuse situations, command referred treatment and exchange of information with DSHS regarding abuse situations. Your information may also be shared internally at FFSC with your provider’s supervisor and/or a clinical consultation team to coordinate your treatment. For non-clinical appointments, your information may be shared with other FFSC providers for consultation purposes.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me at my request. My FFSC case manager has explained the contents of the Privacy Act statement to me.

_____ Date	_____ Print Name	_____ Signature
_____ Date	_____ Print Child’s Name (if 13 or older)	_____ Signature of Child (if 13 or older)
_____ Date	_____ FFSC Witness Signature	

For Active Duty Only: I am currently in the Personnel Reliability Program: Yes ☐ No ☐
(If “Yes”, complete and sign the Privacy Act Statement for Members on PRP form.)



FAP Information Sheet

The Family Advocacy Program (FAP) is designed to support operational readiness by addressing prevention, education, identification, intervention, treatment and the reporting of suspected child abuse/neglect and spouse/partner abuse.

The program requires FAP staff to assess all reported incidents of suspected or known maltreatment. The FAP process includes in-person interviews with the service member, spouse/partner and children. The Commanding Officer of the service member is notified when an allegation has been reported to FAP that involves the service member and/or family members. Depending on the allegation, the appropriate state's child protection agency and/or appropriate law enforcement agency may be contacted (i.e. Naval Criminal Investigative Services (NCIS), local Police or Sheriff).

In accordance with DOD guidance, all cases that meet reasonable suspicion for domestic abuse and/or child maltreatment will be reviewed at the Incident Determination Committee (IDC) and the Clinical Case Staffing Meeting (CCSM).

- The IDC membership consists of: Installation Executive Officer, Installation Command Master Chief, Naval Criminal Investigative Services, Staff Judge Advocate, Base Security, Family Advocacy Representative, and Sponsor's Commanding Officer. Although you may not attend the IDC meeting, you will receive notification seven days in advance of the meeting date. The IDC reviews all relevant information regarding the allegations and makes a non-legal determination whether abuse/neglect occurred. The results of the IDC are reported to the FAP Central Registry for data collection and tracking of cases. You will be informed of the IDC's findings and your right to request a review of the findings if certain conditions exist.
- During the CCSM, clinical providers review all relevant case information to develop interventions/treatment recommendations to meet the specific needs of each service member and/or family members. A FLAG lifting date may be assigned to insure that service members due to receive permanent change of station (PCS) orders are assigned in areas where appropriate treatment services are available. The CCSM periodically reviews cases until such time that: treatment recommendations are completed; level of risk has decreased; case is closed due to non-compliance.
- The Incident Determination Committee (IDC) will make a decision based on the information that is available, whether or not you choose participate in the FAP process. Your perspective is valuable in helping the IDC make the best informed determination and in assisting the CCSM in making treatment recommendations that you and your family are most likely to find useful.

The IDC determination, CCSM treatment recommendations, administrative recommendations and "flagging" information is provided to the service member's Commanding Officer. The victim and/or offender may contact the FAP Case Manager directly to obtain results of the IDC and CCSM.

Date

Print Name

Signature

Date

FFSC Witness Signature



Statement of Rights and Responsibilities and Consent for Treatment

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible. If we do not have contact with you for 30 days, your clinical case will need to be closed. If you should want to return after your case has been closed, a new case will need to be opened.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have been offered a copy:

_____ Date	_____ Print Name	_____ Signature
_____ Date	_____ Print Child's Name (if 13 or older)	_____ Signature of Child (if 13 or older)
_____ Date	_____ FFSC Witness Signature	