



HEALING OURSELVES

Victims of Crime Support Group

Welcome! Thank you for your interest in *Healing Ourselves*, a new program of the Victims Assistance Program in partnership with the Freedom to Choose Project. We understand it takes great courage to talk about painful experiences. Our intention is to create a safe, confidential, and caring environment.

Below is an application. Once we get it **we will call you** to be sure you have all your questions answered and feel confident that you are able to attend the full program to the best of your ability.

- This program is **FREE** and will have a limit of 18 participants.
- Each session will be 2 hours from 6:30-8:30 pm. (We will start on time; ending time is approximate.)
- The program will run for 8 consecutive weeks on Tuesdays.
- The program begins on February 25, 2020 and ends April 14, 2020. It is expected that will you do your best to attend all sessions.
- Location:
The First United Methodist Church
305 East Anapamu Street
Santa Barbara
Class will be held in the Asbury Room
- **FREE** childcare will be provided by qualified volunteers in a room nearby.

If you have any questions about completing the application, please call **(805) 323-6156**

We thank you for your willingness to participate, to learn, to grow and to heal.



Healing Ourselves

VICTIMS OF CRIME SUPPORT GROUP

APPLICATION

Note: All information will be kept confidential and used solely for administrative purposes. Your data will not be shared without your consent.

Name(First)_____ (Middle)_____ (Last)_____

Address_____ City_____ Zip code_____

Cell Phone number_____

Email_____ Preferred method (circle one) email text call

Work Phone_____ Occupation_____

Date of birth_____

Gender identity_____

Primary language_____

Any limitations or disabilities we should be aware of? Y N

If yes, please briefly describe: Example: hearing problems, use a walker etc.

Briefly describe the crime that impacted you (example: I was robbed by several teens in a physical attack)_____

When did this occur? _____ Were the police involved? Y N (Please circle)

Can you provide us with the report? Y N

Has the case been tried and settled? Y N When did this occur? _____



Did you seek counseling for this incident? Y N If yes, for how long? _____

Have you ever been under the care of a mental health provider for any reason (such as a therapist, psychologist or psychiatrist)? Y N

If yes, when was that and for how long? _____

Are you currently under the care of a mental health provider? Y N

Do you have children that will require babysitting so that you can participate?

Please list the name (s) and age of each child under the age of 12 that would require babysitting

_____ Age_____

_____ Age_____

Please note the babysitters will be volunteers who have been screened and trained. Babysitting will be on the premises of the group in a nearby room.

Thank you!

Please email this completed registration form to: register@freedomtochooseproject.org

If you have questions, please call us at: (805) 323-6156

We will call you to confirm your registration. ☺