



St. Mary's

HOME FOR CHILDREN

Healing Lives, Restoring Hope – Since 1877

2012 Group Schedule

“Non Offending Parents”: A Clinical Group

Evening Groups held Mondays from 6:00pm – 7:30pm

Day Groups held Tuesdays from 10am – 11:30am

Winter		Referral Deadline	Screening 005 Dates
Evening:	January 9 – March 19	12/23/11	Date of referral – 12/30/11
Day:	January 10 – March 13		

Spring			
Evening:	April 2 – June 18	3/23/11	Date of referral – 3/30/12
Day:	April 3 – June 5		

****BEGINNING 7/1/12 ALL NOP GROUP SESSIONS ARE NOW 12 WEEKS****

Summer			
Evening:	July 2 – September 24	6/20/12	Date of referral – 6/29/12
Day:	July 3 – September 18		

Fall			
Evening:	September 24– December 17	9/17/12	Date of referral – 9/21/12
Day:	September 25 – December 11		

For information contact: Korie Sanchez, LCSW, Intake Coordinator, 353-3900 x 416 fax: 354-7986 or email: ksanchez@smhfc.org.

**All groups held at 420 Fruit Hill Avenue, North Providence, RI 02911
On RIPTA bus line**



“Non Offending Parents”: A Clinical Group **2012 Referral Information**

Group Overview

The Non-Offending Parents “NOP” Group is a ten week clinical group (will be changed to a 12 week clinical group as of 7/1/12) designed to provide therapeutic intervention, support and education to parents and caregivers of children affected by sexual abuse and/or having sexual behavior problems. Group members will discuss issues related to the impact of sexual abuse, develop coping strategies and learn more about sexual abuse dynamics. With increased knowledge and clinical support, it is hoped that parents and caretakers will enhance their ability to prevent further sexual trauma and help their children heal. This group is based on the previous NOP Education curriculum and now includes clinical intervention to better meet group members’ therapeutic needs.

Participants will complete a Pre and Post Test in order to measure progress in the group. A brief report will be generated upon completion of the group (only) for each participant indicating his/her level of participation, pre/post test scores, any absences or tardiness and a general impression from the group leaders. Child care is not available at our agency during the NOP Group and the classes are presented in English.

Referral Process

*Referrals are accepted on an ongoing basis.

*Referral to the Group is not a guarantee of acceptance. Individuals referred will be contacted to schedule an individual “Screening” with a licensed clinical social worker. The individual’s particular situation will be discussed and a decision will be made as to accepting or declining the referral. A letter indicating the status will be sent or given to the individual and a copy will be faxed to the DCYF worker who made the referral.

* We will make no more than (3) attempts to schedule a screening. It is the responsibility of the individual referred to take any additional initiative. Screening will be scheduled no later than “Screening Deadline” date.

*Clients who are Screened Out may be re-referred for Individual Non-Offending Parent Education.

*Attendance is an expectation: Only 1 class may be missed without being made-up, and only 1 class may be made-up.

*If an individual is referred three times and does not follow through, we may offer Individual NOP only.

PAYMENT

*Self-Pay, DCYF 005, Neighborhood Health Plan/Medicaid (NHP/RC), United Health Care (UHC or UBH), Blue Cross Blue Shield or Blue Chip (BCBS) & Medicaid (MCD) insurance accepted.

*Please be sure clients using their insurance are aware that their insurance benefits will be utilized.

***NEW SCREENING 005:** \$16.25 x 4 Units, “Mental Health Counseling Individual by MLC (Masters Level Clinician)”. Please request the start date on the same day as you’ve made the referral, and request the end date as the “screening deadline” date for whichever group you are making the referral.

*Group 005’s will be secured by St. Mary’s Home for Children. Please do not request or send Group 005’s with the referral.

2010 Referral Form Attached

Mail or Fax to: Intake Coordinator, St. Mary’s Home for Children Shepherd Program

420 Fruit Hill Ave. North Providence, RI 02911

Secure Fax: 401-354-7986 Phone: 401-353-3900 ext 416



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“Non-Offending Parents”: A Clinical Group

2012 Referral Form

Day Groups Held Tuesdays **10-11:30am** **Evening Groups** Held Mondays **6-7:30pm**

Group Requested (check)

Winter Day 1/3/12-3/6/12

Spring Day 4/3/12-6/5/12

Winter Evening 1/2/12-3/12/12

Spring Evening 4/2/12-6/18/12

Summer Day 1/3/12-9/18/12

Fall Day 9/25/12-12/11/12

Summer Evening 1/2/12-9/24/12

Fall Evening 9/24/12-12/17/12

Screening Deadlines: Winter 12/30/11 Spring 3/23/12 Summer 6/20/12 Fall 9/17/12

Please Date Screening 005 from Today's Date thru the appropriate Screening Deadline listed on schedule.

Referred Parent/Caretaker Information

Name: _____

Telephone: _____

Date of Birth: _____

Social Security: _____

Address: _____

Identified Special Needs, if any:

include zip _____

Referred Parent/Caretaker Insurance? _____

If "Yes" what is the Insurance Number: _____ (needed to bill)

Child/Children Information (please list all children, including adult children, foster, step, etc.)

Full Name	DOB	Placement (ie: foster care, at home, etc.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Reason for Referral:

DCYF Information

DCYF Social Caseworker: _____ Telephone: _____

DCYF Supervisor: _____ Fax Number: _____

Is client Court Ordered? YES NO

Is client aware that the referral was made and he/she will be contacted by our agency? YES NO

If No, please explain: _____

Screening 005 Authorization Number/ Dates we should expect (if applicable): _____