



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

## 6-Week Reunification Counseling Class

### Participant Application and Contract

---

#### Program Overview

- **Program Title:** *"Pathway to Reunification: Restoring Bonds and Building Foundations"*
  - **Program Duration:** 6 Weeks (One session per week, 2 hours per session)
  - **Location:** 210 N. Auburn Farmington, NM 87401
  - **Program Fee:** \$400.00
- 

#### Participant Application

##### 1. Personal Information

**Full Name:**

**Date of Birth:**

**Age:**

**Phone Number:**

**Email Address:**

**Address:**

**Emergency Contact Name:**

**Phone:**

##### 2. Referral Information

- **Who referred you to this program?**  
(Check one):
  - Child Protective Services (CPS)
  - Court or Legal System



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

- Social Worker or Case Manager
- Therapist or Counselor
- Self-Referral
- Other: \_\_\_\_\_

• **If referred by a legal agency or CPS:**

- **Agency Name:** \_\_\_\_\_
- **Contact Person:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

• **Are there legal, CPS, or reunification recommendations for participation?**

Yes  No

- If yes, please explain: \_\_\_\_\_

**3. Family Information**

1. **How many children are involved in the reunification process?:** \_\_\_\_\_

2. **Children's Ages:** \_\_\_\_\_

3. **How long have you been separated from your children?:** \_\_\_\_\_

4. **Reason for Separation:**

- Substance Abuse
- Legal Issues/Incarceration
- Foster Care/Child Protective Services
- Mental Health Concerns
- Other (please explain): \_\_\_\_\_

**4. Current Progress and Goals**



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

1. **What steps have you taken toward reunification so far?**

---

2. **What do you hope to achieve through this class?**

---

3. **Are you currently participating in other counseling, support groups, or recovery programs?**

Yes  No

○ If yes, please provide details: \_\_\_\_\_

---

## **Participant Contract**

### **Program Rules and Expectations**

#### **1. Attendance Commitment**

- I agree to attend all 6 weekly classes in full.
- I understand that missing more than **one session** may impact my ability to complete the program.

#### **2. Participation and Engagement**

- I agree to actively participate in group discussions, activities, and assignments.
- I will complete all homework and assignments as required.

#### **3. Respectful Conduct**



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

- I will treat program staff and other participants with respect, compassion, and courtesy.
- I will maintain confidentiality regarding what is shared by others in the group.

#### **4. Honesty and Accountability**

- I agree to be honest and open during the reunification process, recognizing this is an opportunity for growth and healing.
- I will approach this program with a willingness to improve my relationship with my children.

#### **5. Legal and Reporting Requirements**

- If referred by a court, CPS, or other agency, I consent to communication between program staff and the referring agency regarding my participation and progress.
- I understand that noncompliance with program rules or termination from the class will be reported to the referring entity (if applicable).

#### **6. Payment Agreement (if applicable)**

- I agree to pay the total program fee of **\$400.00** in full before the start of the program or as follows:
  - Full Payment: Due before program start.
  - Payment Plan: \$\_\_\_\_\_ deposit and \$\_\_\_\_\_ weekly payments.
- I understand that failure to make payments may impact my participation in the program.

#### **7. Completion and Certification**

- I understand that to successfully complete this program and receive a certificate of completion:
  - I must attend at least 5 out of 6 sessions.



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

- I must actively participate in discussions and activities.
- I must complete all the assigned homework.

---

### **Consent and Signature**

#### **Participant Agreement**

By signing below, I agree to the terms and conditions outlined in this contract. I commit to participating fully and taking responsibility for my role in the reunification process.

**Participant Name (Printed):**

**Participant Signature:**

**Date:**

#### **Program Staff Agreement**

**| Staff Name (Printed):**

**| Staff Signature:**

**| Date: |**

---

**Supporting Documentation Checklist** Please attach or provide the following documents:

1. Referral letter (if applicable)
2. Legal/CPS documentation regarding reunification (if applicable)
3. Payment or payment plan agreement (if applicable)
4. Photo ID