

**Massachusetts Department of Public Health
Certified Batterer Intervention Programs
ADULT DISCHARGE FORM**

Instructions: Please complete this form during the last session that the client attends or upon termination of client.

Agency Name _____ Discharge interviewer (no initials please!) _____ Site Number

1. Client's unique identifier: **WRITE IN BLOCK HANDWRITING**
MATCH 100% TO INTAKE FORM

2. What is the date of the client's discharge from the program?
MM DD YYYY
(Note: "Discharge date" is the first day that your program no longer considers the person a client of yours)

3. Has the client been discharged from your program before?
1. Yes
2. No [Skip to Question 5]

4. If YES, what was the most recent intake date for the client?
MM DD YYYY

5. Did the client complete your batterer intervention program this time?
1. Yes [Skip to Question 9]
2. No

Terminated clients only:

Answer the following for the period since the most recent intake date.

6. The client attended a total of how many HOURS of intervention? hours

7. The outstanding balance owed the program by the client is (round to nearest dollar): \$.00

8. The client is being discharged because he/she: (circle all that apply)
1. Physically or sexually assaulted his/her partner
 2. Verbally threatened or emotionally abused his/her partner
 3. Used drugs or alcohol in a manner inconsistent with program rules or conditions of probation
 4. Was violent with someone who is not an intimate partner
 5. Violated a restraining order
 6. Was charged with or committed some other criminal offense or a violation of probation
 7. Missed appointments, failure to show, stopped attending
 8. Was present but failed to participate
 9. Failed to admit abuse
 10. Had an excessive outstanding financial balance
 11. Probationary period ended
 12. Is no longer required to attend certified batterer intervention because the court dismissed, reversed or otherwise ruled on the client's case
 13. Was transferred to another BIP
 14. Was disruptive in group or threatened a staff person of the BIP
 15. Other

M

Completed clients only:

- | | |
|---|--|
| <p>9. Is the client currently court-ordered to pay child support?</p> <ol style="list-style-type: none"> 1. Yes 2. No [Skip to Question 11] 3. Unknown [Skip to Question 11] | <p>10. IF YES, does the client pay all child support as court-ordered?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
|---|--|

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11. To what extent does the client agree or disagree with the following statements?

*Instructions: Circle the **NUMBER** that matches the client's answer. One answer per question. If the client isn't available to answer these questions, circle the zeros.*

I am glad that I attended this program	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
Although I might not have agreed with everything they said, the staff at this program treated me with respect	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
I think that this program changes some people	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
I think that victims are safer because of this program	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
This program helped me with areas of my life besides domestic violence	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
Even though I didn't want to attend in the beginning, I feel the judge (or DSS) did the right thing to send me here	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
I will suggest to at least one friend that he/she attend this program to get help	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
I understand what counts as domestic violence much better than I did before this program.	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5
It is possible to live my life without using abuse	N/A 0	Strongly agree 1	Agree 2	Not sure 3	Disagree 4	Strongly Disagree 5

• END •



Double check! Does the client ID number on the front of this form match the intake form exactly?