



Catholic Social Services of Washtenaw County  
 Alternatives to Domestic Aggression  
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# Program Policies Manual

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**INTRODUCTION TO PROGRAM POLICY MANUAL**

When the Alternatives to Domestic Aggression (ADA) Program began in 1986 we did not have a Policy Manual. However, our experience over these many years has taught us which policies offer the best environment for those persons who choose to undergo the challenging process of personal change. Our policies are based on our philosophy and mission and serve an important function in delivering services to you.

It is important that you pay careful attention in the Orientation to the discussion of ADA’s policies. Additionally, we suggest you thoroughly review these policies and refer back to them when you have questions. These policies will affect you immediately upon signing the Consent to Service form, and this manual will govern your ongoing participation.

The ADA Program reserves the right to refuse service to any individual who does not comply with ADA Policies.

**INTERVENTION PHILOSOPHY**

The Intervention Philosophy of ADA is that domestic violence, a crime overwhelmingly committed by men, is purposeful, instrumental, and strategic behavior conducted for the purpose of control and domination for personal benefit. Therefore, we intervene with men so they will be purposeful, instrumental and strategic in providing accountability, safety and respect to everyone.

**INTERVENTION MISSION**

The Intervention Mission of ADA is to hold those who perpetrate domestic abuse and/or violence accountable for their actions. We do this by providing an educational arena where men are helped to acknowledge their behavior, identify their use of violence and coercive control, and are offered opportunities to learn about personal accountability.

**INTERVENTION ACCOUNTABILITY COMMITMENT**

We are committed to utilizing interventions, which have the purpose of teaching accountability. We believe it is essential to hold you accountable for your actions and beliefs. Although our interventions may be distressing to you at times, they will serve to meet the goals of safety and accountability.

**1. SERVICE PARTICIPANTS RIGHTS**

You cannot be discriminated against because of your race, color, gender, age, religion, national origin, or sexual orientation. As a service participant of ADA you have a right to know and participate in your intervention plan and to be kept informed of any changes in the plan. You have the right to expect that the plan will address issues that brought you to seek assistance from us. You also have the right to refuse any service or intervention. You have the right to see and contest the information about you in your case record. To see your case record an *appointment\** must be made with an ADA administrator. This record contains all of the written information that this agency has about you, along with your written comments and your written statements contesting case information. (\*You may be charged for this appointment).

You have the right to provide us with feedback about your experience with Catholic Social Services of Washtenaw County (CSSWW) ADA. You may express suggestions for change or improvement of service, complaints or grievances first to the staff person with whom you have contact, then, if necessary, to an administrator of ADA who can explain the agency’s grievance procedures. It is necessary that you follow procedure when pursuing a suggestion, complaint or grievance.

**2. INFORMATION PRIVACY AND SECURITY**

USES OF HEALTH AND SERVICE INFORMATION. (For a complete explanation the Catholic Social Services of Washtenaw County Privacy Practice see IPS 101: Notice of Privacy Practices)

Other uses and disclosures of health and service information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health and service information about you, you

may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health and service information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CSSWW/ADA maintains standards of confidentiality that abide with federal law and regulations regarding service participant records.

Your identity and all statements you make, both written and oral, while in the ADA Program are confidential. No information will be released to anyone without your consent. Further, you are expected to keep your fellow program members identities and statements confidential, failure to abide by this expectation could result in significant consequences.

Information that you, or others, relate to us in individual or group sessions, in phone calls, messages, in writing, or otherwise, may, at your facilitator's discretion, be brought up in ADA group sessions.

Do not bring any sort of electronic audio recording device onto our premises at any time. Bringing such a device onto our premises will result in permanent discharge from programming.

There are circumstances in which the law and/or ethical practice dictate that we may release information without your permission, and they include:

- A. If it is assessed during your participation in this program that abuse or neglect of children is occurring we will make a report to the Children's Protective Services Department of the Department of Human Services (DHS).
- B. If you commit a criminal offense while you are in this program, we may report such information to the police and/or probation.
- C. At any time during your involvement in the ADA Program we determine you are a danger to yourself or another person, we may inform you of that opinion and in the case of the latter we may also inform that other person. This may also include notifying the police.
- D. If the disclosure is required by a court order.
- E. If information is needed in a medical emergency.
- F. In audits of the agency required for licensure, certification or accreditation.

### ***E-Mail Informed Consent Form***

CSSW provides clients the opportunity to communicate with their staff providers, other healthcare providers, and administrative services by e-mail or other electronic means. Transmitting confidential client information by e-mail, however, has a number of risks, both general and specific, that clients should consider before using e-mail or other electronic means.

#### *Risk Factors*

Among general e-mail risks are the following:

- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipients can forward e-mail messages to other recipients without the original sender's permission or knowledge.
- Users can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.

Among specific client e-mail risks are the following:

- E-mail containing information pertaining to a client's diagnosis and/or treatment must be included in the client's medical records. Thus, all individuals who have access to the medical record will have access to the e-mail messages.
- Employees do not have an expectation of privacy in e-mail they send or receive at their place of employment. Thus, clients who send or receive e-mail from their place of employment risk having their employer read their e-mail.
- Clients have no way of anticipating how soon CSSWW and its employees and agent will respond to a particular e-mail. Although CSSWW and its employees and agents will endeavor to read and respond to e-mail promptly, CSSWW cannot guarantee that any particular e-mail message will be read and responded to within any particular period of time. Behavioral health and human service providers rarely have time between appointments, consultations, staff meetings, meetings away from the facility, and meetings with clients and their families to continually monitor whether they have received e-mail. **Thus, clients should not use e-mail in a medical emergency.**

### **Conditions for the Use of E-mail**

It is the policy of CSSWW that CSSWW will make all e-mail messages sent or received that concern the diagnosis or treatment of a client part of that client's medical record and will treat such e-mail messages with the same degree of confidentiality as afforded other portions of the medical record. CSSWW will use reasonable means to protect the security and confidentiality of e-mail information. Because of the risks outlined above, CSSWW cannot, however, guarantee the security and confidentiality of e-mail communication.

Thus, clients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

- All e-mails to or from the client concerning diagnosis and/or treatment will be made a part of the client's medical record. As a part of the medical record, other individuals, such as other physicians, nurses, physical therapists, client accounts personnel, and the like, and other entities, such as other healthcare providers and insurers, will have access to e-mail messages contained in medical records.
- CSSWW may forward e-mail messages within the facility as necessary for diagnosis, treatment, and reimbursement. CSSWW will not, however, forward the e-mail outside the facility without the consent of the client or as required by law.
- If the client sends an e-mail to CSSWW, one of its staff members, another healthcare provider, or an administrative department, CSSWW will endeavor to read the e-mail promptly and respond promptly, if warranted. However, CSSWW can provide no assurance that the recipient of a particular e-mail will read the e-mail message promptly. **Because CSSWW cannot assure clients that recipients will read e-mail messages promptly, clients must not use e-mail in a medical emergency.**
- If a client's e-mail requires or invites a response, and the recipient does not respond within a reasonable time, the client is responsible for following up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- Because some medical information is so sensitive that unauthorized disclosure can be very damaging, clients should not use e-mail for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like. Clients should be aware that information concerning mental health or developmental disability; or alcohol and drug abuse has the same sensitivities and risks.
- Because employees do not have a right of privacy in their employer's e-mail system, clients should not use their employer's e-mail system to transmit or receive confidential medical information.
- CSSWW cannot guarantee that electronic communications will be private. CSSWW will take reasonable steps to protect the confidentiality of client e-mail but is not liable for improper disclosure of confidential information not caused by CSSWW's gross negligence or wanton misconduct.
- If the client consents to the use of e-mail, he/she is responsible for informing CSSWW of any types of information the client does not want to be sent by e-mail other than those set out in paragraph 3, above.
- Client is responsible for protecting his/her password or other means of access to e-mail sent or received from CSSWW to protect confidentiality. CSSWW is not liable for breaches of confidentiality caused by client.
- Any further use of e-mail by the client that discusses diagnosis or treatment by the client constitutes informed consent to the foregoing. **You may withdraw consent to the use of e-mail at any time by e-mail or written communication to CSSWW, attention: Director of Health Information.**

### **3. INFORMATION RELEASE AUTHORIZATIONS**

By signing an Information Release Authorization you give permission for us to have contact with the parties specified on the authorization. For example, this may include (ex) partner(s), and/or the person(s) you have been violent or abusive to, court(s) you are involved with, counselors, Friend of the Court, therapists or treatment programs, drug or alcohol treatment programs, Children's Protective Services, Domestic Violence Service Provider, etc. If you get involved in a new relationship(s), we want to have the ability to contact that person(s). We expect you to notify us if you get involved in a new relationship(s) and will ask that you sign another Information Release Authorization.

### **4. PROGRAM RESEARCH**

*Research which uses non-identifying information:*

Service participants who voluntarily consent to participate in research projects are asked to confirm both their willingness to participate and their understanding of the project(s) by signing the Research Participant Consent form. The nature of the project, its goal and objective, must be explained so that researchers and subjects clearly understand its scope. Participation in research will not be used as a factor in assessing a service participant's status in the ADA Program.

Upon approval of the President and Board Program Committee of CSSW, non-identifying information may be released to qualified personnel for the purpose of conducting scientific research. Service participant identities may **not** be disclosed, either directly or indirectly. The President of CSSW must first approve all research projects.

*Research which uses identifying information:*

In this type of research, information would be obtained in a way that identified a Service Participant, either directly or indirectly. The ADA Program has never been involved in this type of research.

### **5. GROUP CANCELLATIONS**

The agency is closed on the following days: New Year's Day, Good Friday (afternoon), Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving and the week between December 24th and New Years Day. Also, we cancel groups on the Third Wednesday morning of March, June, September and December.

If you choose to not attend a session on a holiday due to your religious or spiritual affiliation this will not be counted toward the absence credits available to you. In order to benefit from this policy we require at least three session's prior notice.

On occasion, we cancel group sessions. In most instances, we will give you three weeks (sessions) notice prior to a cancellation. If we cannot give you three weeks notice, we will send a letter to your home address. If there is not enough time to send a letter, we will call you or leave you a message at your cell/home phone. This makes it very important that you keep us updated **at all times** on your current home address and phone numbers. Sometimes, due to extenuating circumstances we will not have time to call you. If you are in question as to whether a group is canceled (*for example, due to bad weather*), please call 734.971.9781 to confirm the status of your group meeting.

**If YOU are calling to cancel, you must call 734.971.9781 Ext. 457.**

### **6. SCHEDULING**

Once you schedule yourself for a group you are expected to attend that group until your ADA "Home Group" changes. All communication with the ADA program **MUST** be made by you. For example, ADA staff **will NOT** schedule or correspond with third parties about appointments, or **acknowledge cancellations** made by anyone other than you.

## **7. ASSIGNMENTS**

ADA groups may require you to complete assignments, written or otherwise, by a specified date. Explanations of assignments will be given along with the assignment. If you have difficulty reading or writing, you may negotiate ways to complete your assignments. All assignments are to be completed before the beginning of the session that they are due. **If you do not have an assignment completed you will be asked to leave the group and will not receive attendance credit for that session.**

Turn in the following documents, filled out completely at your **first group session**

- ◆ “Do I Have a Reason?” Worksheet
- ◆ “Income Documentation” Form, **with your documentation stapled to it.** (remember if this is not turned in by your second ADA group, your tuition assessment will revert to the full fee of \$75.00 per session)
- ◆ “Identifying My Power and Control Tactics Sheet”
- ◆ “Abuse History Worksheet”

*Quarterly Evaluation Of The ADA Program:*

Once a quarter you will be asked to fill out a Quarterly Evaluation. This evaluation is anonymous. ADA/CSSW is involved in Continuous Quality Improvement and we are always interested in ways in which we can improve our services. Although the Evaluations are not mandatory, we hope that your willingness to fill them out will provide us with important feedback about the ADA Program.

## **8. MATERIALS**

*Potential Aida:* 

The ADA Program is a learning classroom. At the Orientation session you are given, **a pen and educational materials.** You will be completing many assignments as you continue in the ADA Program. You are expected to bring a pen or pencil, and all your assignments and educational materials to **every** meeting you attend.

**Note:** All service participants are required to purchase the “**ADA Accountability Workbook**”. The cost of this workbook is \$25.00. **This must be done no later than your second ADA group meeting.**

## **9. CRIMINAL BEHAVIOR**

If you perpetrate **any kind** of criminal behavior, regardless of whether there is criminal justice system involvement or not, (including, **but not limited to,** assault, battery, stalking, violation of bond conditions, violation of probation conditions, violation of a restraining/protective order, violation of custody or visitation orders, nonpayment of child support, malicious destruction of property, drunk and disorderly, open intoxicants in a vehicle, impaired/drunken driving) you are required to inform your ADA group **immediately.**

## **10. ACCOUNTABILITY**

If you commit acts of violence while you are involved with the ADA program we expect you to notify the court you are involved with, if any, immediately. In addition, ADA may report the violence to the court. If you are seeking ADA services **without** court involvement, and you commit acts of violence while you are involved with the ADA program, we expect you to report your violence to the criminal justice system immediately as a condition of continued service with the ADA Program. If it is assessed during your participation in the ADA program that abuse or neglect of children is occurring, we will make a report to the Children’s Protective Services Department of the Department of Human Services. We also expect you to report yourself.

## **11. ADA PROGRAM STATUS**

*Compliant Status*

You are on Compliant Status when you have **not** exceeded the allowable absences.

### *Frozen Status*

You are on Frozen Status when you are in violation of the ADA Tuition Policy regarding carrying a tuition balance (i.e. exceeding a balance of five payments without a properly filled out Tuition Balance Payment Agreement form). Frozen Status means that your status is “frozen” **You will not be allowed to attend ADA groups until your balance is paid in full.** In order to get off of Frozen Status you must pay your tuition balance in full. Keep in mind, when you come in to pay your account in full, you will need to add to the past due amount, the tuition amount for the group you are attending that same day. Once your tuition balance has been paid in full, your status is “unfrozen” and you may begin attending ADA groups again and will return to Compliant Status with the same number of sessions you had accumulated prior to going on Frozen Status. **You will be placed on Discharge Status if you do not pay your balance in full and resume regular ADA group attendance within 60 days.**

### *Non-Compliant Status*

You are on Non-Compliant Status when you take absences in excess of the allowable amount. If you are on Non-Compliant Status you **are expected to continue attending your group.** Once you have attended the Extra Group Session(s) you will return to Compliant Status.

### *Discharge Status*

If you are discharged from the program and wish to return you must contact the ADA Program Director to schedule a Readmission Interview. A condition of attending a Readmission Interview, or returning to the ADA Program, may include paying any unpaid tuition balance, making up absences if any, and having an Aida balance less than three. Being absent from ADA programming for 30+ days or missing 4 groups in a row without **speaking directly with a staff person** will automatically result in your discharge. **Remember:** you will be discharged if you no-show or late-cancel to your scheduled assessment, on two occasions.

If you return to the ADA program after being discharged (for any reason) **you will start the program over again.** Violation of any of the readmission conditions may result in your being discharged.

## **12. GROUP PARTICIPATION**

### *A. Requesting Agenda Time:*

If you need time in a group session to discuss **anything** (including, but not limited to, exiting the group), write your name on the chalkboard, if possible before the group begins. This will alert the Group Leader that you are asking for time in the group’s agenda. In Discovery write the word “exit” next to you name if you are wanting time to exit and write the word “feedback” next to your name if you want feedback on your DIHR worksheet.


### *B. Group Leader:*

The Group Leader is a group member selected by the previous weeks Group Leader. The Group Leader’s responsibilities include, but are not limited to: Opening & Closing Observance, facilitating the group’s agenda, and explaining group assignments. If the selected Group Leader does not attend group, it is the group’s responsibility to select another Group Leader.

### *C. Group Starting Time:*

It is the group’s responsibility to start group on time. If the Group Leader does not start or end the group on time every group member will receive an AIDA.  Potential Aida

### *D. Opening & Closing Observance:*

The Opening Observance is the beginning of group and is conducted by the Group Leader. The Observance may vary from group to group. The Opening Observance will begin **exactly** on time. During the Opening & Closing the group members are expected to pay attention to the Observance (for example, **not writing or going through papers**). The group leader may ask another group member to provide the reading for the Opening and/or Closing Observance. It is the Group Leaders responsibility to start and end the  group on time. Potential Aida

### *E. Use of Names:*

When introducing yourself, or referring to other group members or any other person, **use first names.**

### *F. Respectful Discussion:*

A stuffed animal may be used **when necessary** in group to signify which person “has the floor” and is speaking.



### G. Monitoring in Discovery Group:

In the Discovery Group you are expected to monitor by carefully listen to group members introductions, or their “Do I Have a Reason” worksheet reviews. Pay close and careful attention to the following;

1. Were people’s first names used?
2. Was the example specific of what he did and how he did it?
3. Is this example a reason to be in ADA?
4. No “Why’s” ~ “No “Because’s”
5. Do not use words like “called”, “told”, or “said” *without* descriptors.
6. **Do not** break the same incident into separate examples
7. If some behavior occurred on multiple occasions it needs to be quantified in terms of length of time (e.g. for three weeks) or frequency (e.g. three times per week).
8. Did the reason start with “I...?”

## **13. SERVICE AVAILABILITY STANDARDS REGARDING LITIGATION**

ADA has the right to exclude from service any individual who is presently involved in legal litigation, custody, or divorce proceedings against the person whom they have historically battered **if** it is believed that the individual is using the proceedings to continue their tactics of harassment, coercion or intimidation. ADA may accept into the program this individual, once the individual has ceased using the proceedings in that manner or it is clear that the proceedings have been completed and/or it has been documented that there are no outstanding motions to amend or appeals of the orders or judgment of the court.

## **14. REQUESTS FOR CORRESPONDENCE**

We require a minimum of two weeks notice before we will respond to your request for communication or correspondence with persons or agencies to whom you have signed an Information Release Authorization.

## **15. ALCOHOL/DRUG USE**

Do not come on our premises if you are intoxicated (meaning **ANY** level of drug or alcohol consumption), unless this is because of a valid medical directive. Do not come on our premises in possession of alcohol or drugs without a valid, current prescription that belongs to you. Notify your facilitator immediately of any prescription medication you are receiving from your physician, or any other medication you are taking. You may also be required to sign an Information Release Authorization so that your facilitator can discuss the purpose of this prescription with your physician.

## **16. ALCOHOL/DRUG TESTING**

When we suspect you may be using alcohol/drugs in a problematic fashion and are being less than honest with us about your use, we may require that you obtain an alcohol or drug test. This will assist us in comprehensively and quickly responding to problems that may arise in your life due to alcohol and/or drug use.

We may release the results of such testing to those parties/agencies for whom you have signed Information Release Authorizations. This will be done to expedite ongoing assessment, referral, reporting, and safety planning or treatment coordination with those parties/agencies. You are expected to go to a testing facility as requested by your group or facilitators and submit a specimen. Failure to submit a specimen as requested will be considered as a refusal to provide a specimen. You are responsible for all fees and costs incurred in testing.

## **17. FOOD**

There is no food or drink of any kind allowed in any group session without prior staff approval (except with regard to children [#22 c.]). This includes candy, gum, cough medicine and non-edible items (for example straws, toothpicks, etc.).

## **18. CLOTHING**

Wearing clothing, which is racist, degrading to women, makes reference to violence or oppression of any kind, or makes reference to drugs (including tobacco), alcohol, or drinking establishments will not be permitted. This policy also applies to **anything** you bring into our building with you, including tattoos, backpacks, cigarette packs, key chains, etc. **If you violate this policy you will be you asked to leave the group and will not receive attendance credit for that group.**

## **19. CSSW FACILITY**

### *CSSW Building Security:*

#### **This applies only for meetings NOT held in the Large Conference Room**

1. 15 minutes prior to the beginning of the group a facilitator will come into the lobby to escort those individuals to the group room(s). This may be done several additional times up until the group begins.
2. Once the group begins, participants who arrive (late) will be required to sit in the lobby. After ten (10) minutes past the starting time of the group, the receptionist may escort the group member's back to their respective group rooms.
3. For participants who arrive after this 10-minute period the receptionist will call into the group room. The facilitator will come to the front to bring the late comer(s) back to group. This will be done in a timely manner that is conducive to the group meeting, not necessarily to the individual who arrived late.
4. Participants who are in groups in this area will not be permitted to leave group during the group. Individuals who need to use the restrooms may use those facilities before or after the group meeting.
5. Once the groups end a facilitator will escort the participants to the CSSW hallway/facility.

For those participants who need to speak on an individual basis with a facilitator, they will be instructed to have a seat either in the lobby or in the ADA group room. The ADA staff will then meet with the participant individually.

### *Smoking*

There is **NO SMOKING** allowed anywhere in the building, including the bathrooms.

### *Parking*

Parking is available in the front agency parking lot. Use the entry doors located at the front of the building (main entrance).

## **20. TELECOMMUNICATION DEVICES**



### *Potential Aida*

There will be no phone calls allowed during group or individual meeting times unless for the purpose of ADA business, and with staff approval. Pagers and cell phones are permitted in group, **as long as they are on silent mode** (vibrate). Bluetooth-enabled earpiece's are not allowed in group.

## **21. WEAPONS**

No one is permitted on CSSW premises with any kind of weapon. In order to better serve you and your interest in living a violence-free life, you are encouraged to remove any weapons from your home. In some cases this may become mandatory.

## **22. CHILDREN**

On occasion you may be without childcare to be able to come to group. In those cases you are welcome to bring children to group as long as these terms are met:

- A. The children do not unduly disrupt the group, or destroy property.
- B. You are able to remain focused and active in group.
- C. You bring toys and snacks for your children.
- D. You are not abusive to the children.

## **23. OBSERVERS**

In our desire to familiarize the community with our services, ADA Staff invites those interested in our programming to observe our intervention groups. We hope that this activity will help increase ADA's accountability to battered women in our community and increase the public's knowledge of the unique dynamics involved in a batterer intervention service. Periodically there will be observers in your group. These observers might include students, interns, trainees, therapists, staff of women's service organizations, probation officers, clergy, interpreters, or others interested in stopping domestic violence. All observers will sign an agreement to maintain confidentiality except in the case of your probation officer observing a group you are in.

## **24. AFTER YOU HAVE MET THE PROGRAM COMPLETION REQUIREMENTS**

*\* This applies to 52 session members only \**

After you have met the Program Completion Requirements that are listed in the ADA Accountability Workbook, you are welcome to continue attending for free. If you choose to make donations you are certainly welcome to do so, but it is not expected. Expectations for you regarding attendance, assignments, etc. are then your responsibility to negotiate in group, with your group members. *Remember that the completion requirements entail more than the completion of the 52 sessions.*

## **25. REVISIONS TO THE PROGRAM POLICIES MANUAL**


Your ongoing participation in the ADA program will be governed by the policies written in this Manual. This Manual is revised from time to time to better serve the goal of non-violence and non-abusiveness in your life. When a revision is made we will inform you at a group meeting. At this time you may be asked to sign a "Continued Consent to service and Understanding of The Revised Program Policy Manual" form. Copies of the revised Program Policies Manual are also available in the ADA Group room on the forms shelf or you may request a copy from your facilitator. Your participation in the ADA program will be subject to the policies reflected in the most recently revised version of the ADA Program Policies Manual. Staff may make exceptions to the policies on a case-by-case basis.

## **26. "AIDA" (Pronounced: Ay-Da)**

We believe that men who have used abusive behaviors in relationships will stop their behaviors when they apply appropriate consequences to themselves. One such consequence is an "Aida" (this is a word that ADA made up). You may receive one or more Aidas for any infraction(s) of ADA policy, or for other reasons. Please note Aidas are not utilized in the Options group of the ADA Program.

You may receive an Aida for any of the following:

1. Being tardy to group sessions
2. Not bringing your ADA workbook, pen, and material to group
3. The group does not start on time
4. Your cell phone or pager rings out loud (anything other than silent/vibrate mode)
5. If you are disruptive during the opening or closing of the group
6. Not bringing your completed assignments that are due at your first Discovery group (this applies to the first Discovery group only)

 If you see this symbol in this manual it means there is a potential Aida associated with that policy violation

For every three (3) Aidas you receive you will automatically be required to attend one extra group session, this will eliminate 3 Aidas.

(3 Aida's =1 extra group session). You will be expected to **begin** attending extra group sessions **immediately**. Immediately means this week or next week. You will **not** be charged for the extra group session(s).

*Non-Standard Attendance Form:*

When you attend an extra group session (EGS) you must turn in a Non-Standard Attendance Form to verify your attendance. EGS may be done in any group of the ADA Program (Discovery, Foundations, Tactics or Options). The Non-Standard Attendance Form is one way we verify the purpose and type of your attendance. You are required to attend an extra group session(s) when you have three or more Aida's. **Note: it is possible to receive Aidas in extra group sessions.**

↪ Example of a fully filled out a Non-Standard Attendance Form ↩

<b>Non-Standard Attendance Form</b>		
<i>Please Print Clearly</i>		
<b>Full Name:</b> <u>Johnny Desoto</u>	<b>Today's Date:</b> <u>3/24/10</u>	
<b>My Tuition Amount is</b> <u>\$25.00</u>	<b>What I am paying today</b> <u>\$0.00</u>	<b>Receipt #</b> <u>073799</u>
<input type="checkbox"/> <b>Alternate Group For Date:</b> ____/____/____ <i>Remember Payment is Required for Alternate Groups</i>		
<input checked="" type="checkbox"/> <b>Extra Group</b> <input type="checkbox"/> <b>Mentoring Group</b> <input type="checkbox"/> <b>Additional Group</b>		
<b>Remember No Payment is Required for these Groups</b>		

**27. TUITION**

A. ASSESSMENT

CSSW is a United Way funded agency and all of our programs, including ADA, offer service regardless of your ability to pay. Tuition is assessed on a sliding scale based on your income. You are required to sign a tuition agreement. You are responsible for reporting any changes in your income, such as a salary change or a new job, to your group facilitator. If your ability to pay changes, a tuition adjustment may be necessary.

**Note:** All service participants are required to purchase the “**ADA Accountability Workbook**”. The cost of this workbook is \$25.00. This must be done no later than your second ADA group meeting.

<b><u>GROUP SLIDING TUITION SCALE</u></b>			
Effective June 2005			
<u>Income Level</u>	<u>Tuition Amount</u>	<u>Income Level</u>	<u>Tuition Amount</u>
\$0.00-\$10,000.....	\$25.00	\$30,001-\$40,000.....	\$55.00
\$10,001-\$15,000.....	\$30.00	\$40,001-\$50,000.....	\$65.00
\$15,001-\$20,000.....	\$35.00	\$50,001- above.....	\$75.00
\$20,001-\$30,000.....	\$45.00		

<b><u>INDIVIDUAL ASSESSMENT SLIDING TUITION SCALE</u></b>			
Effective June 2005			
<u>Income Level</u>	<u>Tuition Amount</u>	<u>Income Level</u>	<u>Tuition Amount</u>
\$0.00-\$10,000.....	\$25.00	\$30,001-\$40,000.....	\$55.00
\$10,001-\$15,000.....	\$30.00	\$40,001-\$50,000.....	\$65.00
\$15,001-\$20,000.....	\$35.00	\$50,001- above.....	\$75.00
\$20,001-\$30,000.....	\$45.00		

**B. REQUESTS FOR TUITION REDUCTION**

Under certain circumstances we may be willing to negotiate reasonable requests for tuition reductions.

**To Request a Tuition Reduction:**

1. Pick up the Request for Tuition Reduction.
2. Complete the Request for Tuition Reduction and attach documentation (ADA *will not* make copies of your documentation).
3. Submit the completed form to your group facilitator.
4. Your request for a tuition reduction will be evaluated when the "Request for Tuition Reduction" form is filled out **completely** and honestly, and returned to ADA staff **with the required documentation**.
5. While you are in the process of negotiating a new tuition, **you are responsible for paying at least what you proposed** on your "Request for Tuition Reduction" form until you have signed a new tuition agreement.
6. **If** your proposal is not accepted you are responsible for any balance that may have accrued.
7. Approved tuition reduction changes are retroactive to the date when the completed paperwork was submitted.
8. Tuition reductions may be time limited.
9. **Incomplete forms or forms submitted without complete documentation will be returned and charges will be retroactive to the date resubmitted.**

**C. PAYMENT FOR SERVICE**

You are required to pay for each session you attend. This applies to Home Groups and Alternate Groups and Assessment/Individual appointments. Payments may be made in advance, on a weekly basis, or, if pre arranged, into predetermined portions.

If you are unable to make a payment, you may attend that session **ONLY if you have a valid authorized "Payment Plan"**.

***EXAMPLE ~ Tuition Balance Payment Plan Agreement***

Name: Johnny Desoto

Group:  Discovery     Foundations     Tactics     Options

Group time:     9:00 a.m.     11:15 a.m.     5:30 p.m.     8:00 p.m.

My Tuition is: \$ 25.00 My Balance due: \$ 50.00 As of: 8-19-10

I will pay \$ <u>25.00</u> On <u>8/26/10</u>	I will pay \$ _____ On ____/____/____
I will pay \$ <u>25.00</u> On <u>9/2/10</u>	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____
I will pay \$ _____ On ____/____/____	I will pay \$ _____ On ____/____/____

APPROVED ON: 8-19-2011      EXPIRES ON: 9/2/2011

David Garvin

ADA Administration

Johnny Desoto

Service Participant Signature

8-19-2011

Date

\* I am familiar with the ADA Program's Tuition Policy and agree that this Agreement shall be governed by it. I have been informed that if I have any disagreement regarding the state of my account with the ADA Program it is my responsibility to demonstrate otherwise. I consent to the above payment calculations and understand that my attendance in the ADA Program will be governed by them unless some other documented change is negotiated. I understand that loss of this form will result in my being charged \$2.00 to receive another copy.

**Payment Plans:** In order to receive a payment plan you must **call at least 4 hours in advance** and either speak with ADA staff or leave them a message specifying your exact plan for payment. If you do not call at least 4 hours in advance you will not be able to attend that particular group unless your tuition is paid.

You can also email us the above information to: [adainfo@csswashtenaw.org](mailto:adainfo@csswashtenaw.org)

**If you are not paying your agreed upon tuition you may not attend a group without payment unless you have an authorized/signed "Payment Plan"**. You must have this Payment Plan with you at all times. If you lose your Payment Plan, you will be charged a \$2.00 fee to receive another copy. You must show your Payment Plan to your facilitator before the group begins. **If you do not follow through with your "Payment Plan" you will not be allowed to attend or receive credit for programming.**

#### D. CONDITIONS OF PAYMENT

1. You are required to make a tuition payment for each session you attend. Payment is expected at the time of service, **before** the session begins. **All payments shall be made to the receptionist.** Once in the group room you will then need to fill out a blue slip, be sure to include the receipt number on the blue slip. Then place the blue slip face down on the table in the group room.
2. Payment may be made by check, Money orders, certified check, Visa/MasterCard. Your name must be printed somewhere on that payment or you may not receive credit. Checks, Money orders, or certified checks **must be made payable to CSSW.**
3. Service Participants who pay for the entire program (including the assessment) in advance will receive a 10% reduction in the total cost.
4. You will be charged a service fee of \$15.00 per check for a returned check. **From that point on we will only accept cash, Visa/MasterCard, Money orders or certified checks as a form of payment for your tuition.**
5. We reserve the right to forward any unpaid balance to a collection agency. If you are involved with the criminal justice system we may inform that system of your balance at any time.
6. CSSW reserves the right to amend its tuition policies and tuition scales in accordance with economic and social fluctuations and the need to maintain accountable standards of service programming.
7. Thirty (30) days after you leave the program any funds in your account will be forfeited unless you inform us otherwise.
8. All ADA payments are non-refundable.

E. NON-STANDARD ATTENDANCE FORM

You are required to make a tuition payment for each session you attend. The Non-Standard Attendance Form is a blue slip of paper, which states what your tuition is and your payment or your plan regarding your account. You must include the receipt number from on this form. **Note: You will not be permitted to attend a group unless you make a payment or have a signed and approved Payment Plan.**

↩ Example of an ADA Non-Standard Attendance Form ↪

<b>Non-Standard Attendance Form</b>		
<i>Please Print Clearly</i>		
Full Name: <u>Johnny Desoto</u>	Today's Date: <u>3/24/10</u>	
My Tuition Amount is <u>\$25.00</u> What I am paying today <u>\$20.00</u> Receipt # <u>073799</u>		
<input type="checkbox"/> Alternate Group For Date: ____/____/____		
<i>Remember Payment is Required for Alternate Groups</i>		
<input type="checkbox"/> Extra Group <input type="checkbox"/> Mentoring Group <input type="checkbox"/> Additional Group		
<b>Remember No Payment is Required for these Groups</b>		

F. BALANCE

Unless you have a previously arranged agreement using a Tuition Balance Payment Plan Agreement form, with the ADA Program regarding carrying a tuition balance, you will be placed on Frozen Status with the ADA Program if your balance exceeds five payments (see section #14 for an explanation of Frozen Status). For example, if your agreed upon tuition is \$25.00 per session you will be placed on Frozen Status with the ADA Program if your balance exceeds \$125.00 (5 x 25 = \$125.00) **unless** you have a previously arranged written agreement with the ADA Program. **\*You can avoid being placed on Frozen Status by properly utilizing the Tuition Balance Payment Plan Agreement form.**

G. ACCOUNTABILITY

You are responsible for payment of tuition for sessions you are scheduled to attend. It is your responsibility to maintain your ADA tuition account in an accountable manner. Unless previously arranged your tuition must be paid weekly

**Note: If you fail to follow a Final Tuition Payment Agreement you will be required to pay a \$25.00 Reinstatement Fee and be required to attend a meeting with ADA administration prior to being allowed to continue attendance in an ADA group.**

H. INCOME DOCUMENTATION FORM

Your tuition cost is based on your gross (before taxes) income. We require documentation of your income in order to confirm the information you have submitted. This documentation must be turned in to ADA staff by your second ADA group. ***If for any reason, you do not submit this documentation your per session fee will revert to the top of our sliding scale, \$75.00 per session.***

Documentation can be achieved by providing us with a copy of your W-2, or W-4, or pay stubs, which we will keep permanently in your case record. You may be required to update/document your income information at a later date(s), as requested by ADA.

I. DEPOSIT

A deposit may be required of ADA Service Participants who have demonstrated a history of irresponsibility regarding making payments.

## 28. ATTENDANCE

### A. Individual Assessment Appointment Attendance

We will schedule this appointment with you at the Orientation or after you attend your initial Group meeting, at a time that best fits your schedule. The assessment appointment **does not** count towards the 26 or 52 group sessions required to complete the ADA Program.

You are **required to give at least 24-hour notice** if you are going to not attend an assessment appointment, if you do not give a 24 hour notice, you will be charged your assessment tuition amount. If you attend your individual assessment appointment without your paperwork completed or arrive late, we **may** choose to not meet with you, and this will be a considered late-cancel. You will then be required to pre-pay for another assessment. If you do not attend a second assessment appointment, **FOR ANY REASON**, you will be discharged from the ADA Program. **Remember no-shows and Late-cancels count as viable absences in your attendance.**

### B. Group Session Attendance

The ADA Program is 26 or 52 group sessions long, minimum. Group sessions meet weekly. Program completion requirements are detailed in the ADA Accountability Workbook. You may move from one group to another when you, your group, and your facilitator(s) decide that you have gained what you need from your current group and are ready to benefit from another. You are given specific information about the exit criteria for each ADA group in the ADA Accountability Workbook. Once you schedule yourself for a group you are expected to attend that group until your ADA status changes.

To avoid a late cancel charge you **must** call to cancel your attendance by the time the group begins, **if you do not call to cancel, you will be charged for that session.** For example, if your group starts at 5:30 p.m., you must call before 5:30 p.m. to avoid being charged as a late cancellation.

**To make a viable cancellation you must call  
734.971.9781 Ext. 457.**

If you leave a message at any other extension number you may not receive a viable cancellation and then would receive a charge as a no show or late cancellation.

Individual sessions are 50-90+ minutes long, group sessions are at least two hours long. All sessions, both individual and group sessions will begin on time. You are expected to remain in individual and group sessions for the entire time they meet (**until the closing format has concluded**).

You are required to give one week **written notice** in group if you are going to leave the ADA Program.  
**\*You will be charged** your assessed tuition if you do not notify us accordingly.

It is your responsibility to monitor your attendance status, and discuss problems with your status, in group, when necessary. Remember ~ we verify your attendance by your tuition payment, by a fully filled-out ADA Non-Standard Attendance Form, and by the sign-in sheet.

Non-attendance of any scheduled group session results in an absence. An absence is an absence ~ we make **no** distinction between “excused” or “unexcused” absences.

52 Session members are allowed to have up to nine (9) absences during the time that you are here to complete the 52 sessions of the ADA Program. 26 Session members are allowed to have up to five (5) absences during the time that you are here to complete the 26 sessions of the ADA Program.

**You are not allowed to use absences until you have attended your 4<sup>th</sup> ADA group session.** If you use an absence before your 4<sup>th</sup> group meeting, you will be placed on non-compliant status. In order to have the non-compliant status removed, you will need to attend extra group sessions to bring your absence count down to the allowable level of zero (prior to attending your 4<sup>th</sup> ADA group session).



You may only use up to 5 absences during your first 26 sessions in the ADA Program. If you use more than 5 absences before your 26<sup>th</sup> session you will be placed on non-compliant status. In order to have the non-compliant status removed, you will need to attend extra group sessions to bring your absence count down to the allowable level of 5 during the first 26 sessions in the ADA Program.

Keep in mind, if you are placed on non-compliant status before session number 26, simply attaining session number 26 will not change your non-compliant status, you will still need to attend extra group sessions to make up any and all exceeded absences. There is no charge for extra group sessions and you may attend as many extra group sessions per week as you are able.

0-4 sessions	5-26 sessions	27-52 sessions
Allowed <b><u>zero</u></b> Absences	Allowed up to <b>5</b> absences	Allowed an additional <b>4</b> absences or up to a cumulative total of <b>9</b> absences

If at any time you exceed 9 absences, you will be placed on non-compliance status. In order to have the non-compliant status removed, you will need to attend extra group sessions to bring your absence count down to the allowable level of nine. Any absence, which exceeds the allowable amount, will require an equal amount of extra group sessions. You will **not** be charged for the extra group session(s).

Remember; Extra Group Sessions **do not** count towards the 26 or 52 sessions required to complete the ADA Program. Extra Group Sessions either serve to remove (exceeded) absences or reduce Aida's. Extra Group Sessions requires no payment.

**Alternate Group:**

If for some reason, within one week that your Home Groups meets, you are unable to attend your home group meeting, you may attend an Alternate Group that same week (either one week before or one week after). When you are in Discovery, Foundations or Tactics and choose to do an alternate group, you must do an alternate group in the same or "higher level" of the program that you are in. If you are in Options you may do an alternate in any group of the ADA Program (Discovery, Foundations, Tactics or Options). If you call and late cancel for this meeting you will still be charged, either as a late cancel or no show. If you attend an alternate group, within one week of your Home Group meeting, you will **not** receive an absence. When you attend an Alternate Group you are required to make your customary tuition payment. In addition to this, in order to receive proper credit, you must fill out an ADA Non-Standard Attendance Form (the small blue sheet), indicating that you are attending the group **as an Alternate Group**. For those who appear to be misusing this policy, ADA retains the right to determine not to give you credit for attendance.

**Example of an an ADA Non-Standard Attendance Form for an Alternate Group**

<b><u>Non-Standard Attendance Form</u></b>		
<i>Please Print Clearly</i>		
<b>Full Name:</b> <u>Johnny Desoto</u>	<b>Today's Date:</b> <u>3/25/09</u>	
<b>My Tuition Amount is</b> <u>\$25.00</u>	<b>What I am paying today</b> <u>\$25.00</u>	<b>Receipt #</b> <u>073799</u>
<input checked="" type="checkbox"/> <b>Alternate Group For Date:</b> <u>3/24/10</u>		
<i>Remember Payment is Required for Alternate Groups</i>		
<input type="checkbox"/> <b>Extra Group</b>	<input type="checkbox"/> <b>Mentoring Group</b>	<input type="checkbox"/> <b>Additional Group</b>
<b>Remember No Payment is Required for these Groups</b>		

**Note:** you will need to check the appropriate box on the sign in sheet when you are in the Alternate Group. You receive credit towards the 26 or 52 group sessions at the rate of one group per week, the only exception to this is if you exit from one level of the program, to the next, and begin in the next group the same week in which you exited from the other level.

**Mentoring Group:**

You can begin Mentoring as of session #30 if you are in Tactics or Options. Remember, when you are attending groups as a Mentor you must also attend your home group or an Alternate Group. Attendance of mentoring sessions does not take the place of home groups.

If you do not attend your home group or an Alternate Group you will receive an absence and could potentially be charged for a no show or late cancel (if you do not call to cancel or do not call in time to cancel your home group).

A maximum of 4 mentoring sessions may be done while you are in Tactics. Participants requesting a variation to the mentor policy must do so, in writing, a minimum of two weeks in advance of the variation date. You must attend your home group until you have met the program completion requirements.

ADA is a self-paced program and participants move from one part of the program to the next at their own pace. In order to maximize your experience at ADA the preference is that you spend half of your time in Options. **However, for 52 session attendees there is a minimum of 12 session’s participation in the Options part of the program in order to meet the program completion requirements.**

You will see in the exit criteria for the Tactics and Options groups as well as in the program completion criteria, requirements of attending the Discovery Group as a Mentor. It may be possible for some members who meet specific criteria to do Mentoring Groups in the **CROSSROADS** and Orientation Groups. When you attend as a Mentor you will need to fill out an ADA Non-Standard Attendance Form and **indicate that you are attending that group as a Mentor.**

↻ **Example of a fully filled out an ADA Non-Standard Attendance Form for a Mentoring Group** ↻

Non-Standard Attendance Form		
<i>Please Print Clearly</i>		
Full Name: <u>Johnny Desoto</u>	Today’s Date: <u>3/25/10</u>	
My Tuition Amount is <u>\$25.00</u>	What I am paying today <u>\$0.00</u>	Receipt # <u>073799</u>
<input type="checkbox"/> Alternate Group For Date: ___/___/___		
Remember Payment is Required for Alternate Groups		
<input type="checkbox"/> Extra Group	<input checked="" type="checkbox"/> Mentoring Group	<input type="checkbox"/> Additional Group
Remember No Payment is Required for these Groups		

**Being Asked to Leave Group (with no credit for that group):**

An ADA facilitator may ask a Service Participant to leave group. The most common reasons this happens include:

1. Not having an assignment completed (This applies after your 1<sup>st</sup> Discovery Group),
2. Your apparel is in violation of the ADA Clothing policy,
3. If you are sleeping in group,
4. Violation of, or not having (when needed) a signed Payment Plan,
5. Being disruptive in the group,
6. Refusing to participate in the group.

If you are asked to leave, you will be expected to comply without further discussion of any kind. Unless you are told otherwise, you will be expected to return to group the next week and discuss **your** behavior(s).

**Sign In Sheet:**

To ensure you receive proper credit you are required to sign in when in group and indicate (by checking a box) why you are attending this group. **If you do not sign in you will not receive credit for your attendance.**

**29. CONSENT TO SERVICE**

All ADA service participants sign a Consent to Service Form before beginning the ADA Program.

*Last Revised on: 11-21-2011*

# 2012

January 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2012

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2012

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September 2012

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2012

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2012

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2012

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# 2013

January 2013

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2013

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2013

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2013

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2013

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2013

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2013

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2013

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2013

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2013

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2013

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2013

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				