



Survivors Healing Center

104 Walnut Ave., Suite 208
Santa Cruz, CA 95060
(831) 423-7601
www.fsa-cc.org/survivors-healing-center

REGISTRATION FORM

Name: _____

Date: _____

Address: _____

Phone#*: _____

Message Or Cell# _____

** Is it okay to leave a message
saying Survivors Healing Center?*

(Please Circle) No Yes

PLEASE ✓ CHECK THE PROGRAM(S) FOR WHICH YOU ARE SENDING A DEPOSIT:

- Latina Women's Therapy Group (Bilingual)
- Youth Therapy Group (Gender)_____
- Spanish Therapy Group (Gender)_____
- Expressive Arts Women's Group
- Women's Therapy Group
- Men's Therapy Group
- LGBTI Therapy Group
- Other, please describe:_____

PAYMENT AND AVAILABILITY

1. Victim Witness Services- (Required Information)

Name _____ Phone _____

VOC claim # : _____ Date _____

2. CalWorks (Required Information)

Caseworker _____ Phone _____

Your Social Security Number : _____

3. Self Pay (Based on sliding scale. Registration form and deposit **MUST** be submitted **at the same time**. Call the center to find out your deposit fee and weekly group fee.)

Total Monthly Household income \$ _____.

Number of people receiving more than half of their support from you _____.

4. Availability (please ✓ check all that apply)

Therapy sessions are two hours long. By checking the appropriate boxes for your own schedule, we can better accommodate your needs.

- Monday 4:00-9:00 PM
- Tuesday 9:00-11:00 AM
- Tuesday 4:00-9:00 PM
- Wednesday 4:00-9:00 PM
- Thursday 4:00-9:00 PM
- Friday 4:00-9:00 PM

4. Optional Information

Survivors Healing Center requests the following information to better understand the clients we serve. It is kept confidential. Your response to this section is optional.

- a) Ethnicity: _____
- b) Primary Language spoken: _____
Secondary Language, etc: _____
- c) Occupation: _____
- d) Gender: _____

We also offer events such as our speaker series, boundary setting workshops, movie nights, walk to stop the silence, art of healing. If you would like to receive information on these events per email, please include your email address. We keep this information private and confidential and will only contact you with events put on by Survivors Healing Center.

e-mail address: _____

Please send this form with a non-refundable deposit ** to Survivors Healing Center.

Signature: _____ **Date:** _____

Please contact Survivors Healing Center for deposit requirements and fee schedule (based on income and numbers of members you support in your family)
Limited financial aid is available, ask for financial aid form.

** Non-refundable deposit ensures your place on a first-come-first-serve waiting list and is applied to your intake interview.

For office use only:

Date:

Fees:

Deposit:

Date Received: