

Counseling for Caregivers

Thank you for your interest. I've kept this portion simple to fill out as this project has a limited time frame. Please feel free to include as much information as you are comfortable sharing. You are welcome to include other facts that might be pertinent to our conversations. Please print both forms, sign, scan and send back to me. Alternately, you can mail them to the PO Box listed above. The box is checked only by myself.

Name of Parent/Caregiver

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Name of child/adult with a disabling condition

Sibling names (if applicable)?

School attendance and grade (if applicable)?

Nature of disability?

Current personal challenges faced (by child/parent or caregiver or both)? _

What would you like to see addressed in counseling sessions?

Do you need assistance advocating for your child/adult?

What days/time would work best for sessions? Please list all times available in order for me to schedule as effectively as possible.

Kaye Culp

(205) 928-1922 - kaye.culp@counselingforcaregivers.org ~ P.O. Box 394, Centreville, AL 35042

Counseling for Caregivers

I would like to take this opportunity to welcome you to counseling and provide you with some information which you may find valuable. I am currently a counselor-in-training at the University of Montevallo. When I complete my program, I will hold a Masters of Education degree in Counseling. Should we agree to meet, our professional relationship may be limited to 10 group sessions for approximately 1 ½ hours per group session. These sessions are provided through a collaborative agreement between three entities: the University of Montevallo, Albert J. Schweitzer Fellowship of Alabama, and Cahaba Medical Care. The purposes of these sessions will be to provide counseling, support, and education to caregivers of children and adults with disabling conditions.

Upon admission to our group sessions, meetings will take place every other week. There will be times where we may not meet due to holidays. If you are unable to attend a session, please let me know by email when possible so I will not wait for your arrival into our online sessions. 24 hour notice is appreciated. Additionally, you should know that I am not on call. Should you have a problem which needs immediate attention, please contact Cahaba Medical Care. My direct line at Cahaba Medical Care is 205-928-3226.

I am ethically and legally bound to keep confidential anything you say in our sessions, with the following exceptions: (1) if I determine that you are a danger to yourself or others; (2) if I am ordered to do so by a court of law; (3) if you direct me to disclose information to another; and (4) for consultation purposes. During our group sessions together, I will stress the need for confidentiality to the other participants, but I cannot guarantee their cooperation. Please keep this in mind during our sessions. In order for me to provide the best care possible, I might audio and/or video record our group sessions and use them to consult with my site and faculty supervisor and peer counselors. Notes and recordings of our sessions will be accessible to both my university and fellowship supervisors. These sessions may be discussed in supervised peer consultations. Your identity will be protected as much as possible in these circumstances.

If at any time you are dissatisfied with my services, please do not hesitate to let me know. If we cannot come to an understanding and resolution, it is my duty to refer you to another care provider. My university supervisor is Dr. Judith Harrington. My site supervisor is Mrs. Charity Laister.

If you have any questions now or in the future, please feel free to ask them at any time. Your signature on this form indicates that you have been informed about the above term and indicates your understanding and consent.

Client Signature and Date: _____

Counselor in Training Signature and Date: _____

Graduate Program in Counseling
University of Montevallo

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