



## FRONTLINE COMMUNITY SERVICES

4500 Hugh Howell Road, Suite 210  
Tucker, Georgia 30084  
(888) 638-3822  
www.Vet22.vet



# FRONTLINE VET 22 U.S. MILITARY VETERANS SUICIDE PREVENTION PROGRAM

## REGISTRATION PACKAGE

Welcome to our VET 22 U.S. Military Veterans Suicide Prevention Program. Frontline Community Services has implemented a free wholistic program, exclusively for veterans and their caretakers, to address and combat the rate of the 22 U.S. military veterans who commit suicide daily. Frontline, along with professionals from the Family Wellness Center, can provide this course due to a grant received from the Department of Community Development of Fulton County, Georgia.

Qualifying participants can join these therapeutic services on Mondays, 10:00 AM – 1:30 PM virtually via ZOOM.us, or in-person at our host location in downtown Atlanta: First Congregational Church, 105 Courtland Street NE, Atlanta, Georgia 30303.

Please complete the following (3) three documents in this Registration Package. Upon our receipt, we will contact you with details for your full access and participation.

If you have any questions or concerns, please contact us:  
[info@vet22.vet](mailto:info@vet22.vet), (888) 638-3822.

Thank you.





**Family Wellness Center**

Making a Difference, One Family at a Time.

3883 Rogers Bridge Road | Suite 202A | Duluth, GA 30097  
Office: (770) 952-9222 | Fax: (229) 515-4233  
Email: [info@familywellnesscenterllc.com](mailto:info@familywellnesscenterllc.com)  
Website: [www.familywellnesscenterllc.com](http://www.familywellnesscenterllc.com)

**PLEASE CHECK ONE:**

**I WILL PARTICIPATE VIRTUALLY VIA ZOOM.US**

**I WILL PARTICIPATE AT THE FOLLOWING LOCATION:  
First Congregational Church  
105 Courtland St NE, downtown Atlanta, GA 30303**

<b>First Name:</b>		
<b>Last Name:</b>		
<b>SS#:</b>		<b>DOB:</b>
<b>Male</b>	<b>Female</b>	<b>Race:</b>
<b>Insurance Name:</b>		<b>Insurance #</b>
<b>Street:</b>		
<b>City:</b>		<b>Zip Code:</b>
<b>Home #:</b>		<b>Cell Phone #:</b>
<b>Alternate Contact Numbers</b>		
<b>Emergency Contact #1: Name:</b>		
<b>Relationship:</b>		
<b>Home #:</b>		<b>Work #:</b>
<b>Cell Phone #:</b>		
<b>Emergency Contact #2: Name:</b>		
<b>Relationship:</b>		
<b>Home #</b>		<b>Work #:</b>
<b>Cell Phone #:</b>		

**Other Contact Numbers**

<b>Professional</b>	<b>Phone #:</b>
<b>Physician Name/ Address:</b>	<b>Physician Phone #:</b>
<b>Known Allegies:</b>	
<b>Pharmacy Name:</b>	<b>Pharmacy Phone #:</b>
<b>Caseworker Name:</b>	<b>Caseworker Contact #:</b>
<b>Other:</b>	



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## CONSENT TO SERVICES

I, \_\_\_\_\_

(Name of Participant)

will cooperate with Family Wellness Center in the Behavioral Therapy Services Program beginning September 11, 2023 and ending December 26, 2023.

I understand that this will involve home visits, intervention and in-home Family Counseling and/or out-of-home Family and Individual Counseling.

I acknowledge that I am aware of the targeted problem(s), the intervention(s) to be utilized, goal(s) of the treatment, discharge criteria, and that I participated in the development of the individualized care plan. I acknowledge that participation in these services is voluntary and at any time I can request that the services are terminated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant Signature)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Member Signature)

## **FRONTLINE COMMUNITY SERVICES, INC./VET 22 SUICIDE PREVENTION PROGRAM**

### **WAIVER OF LIABILITY**

DATE

NAME

DATE OF BIRTH

### **WAIVER OF LIABILITY**

This agreement officially excludes Frontline Community Services, Inc./VET 22 Suicide Prevention Program (FRONTLINE), and all subsidiaries of FRONTLINE of any liabilities resulting from any accidents or injuries resulting from you and/or my participation in any class, activity, and event itself, and travel to and from any events or enrichment outings and activities.

Furthermore, it is understood that any medical expense incurred due to any FRONTLINE activity or event, or social is the sole responsibility of the participant in the event. This is inclusive of pre-existing conditions, which may become aggravated due to your participation in the event.

It is also understood that no legal action will be brought against FRONTLINE or any subsidiaries or authorized personnel by you because of any matter related directly to your participation in any therapeutic session, social event, or fitness event held.

### **MEDIA WAIVER: PICTURES, VIDEO, TELEVISION, ETC.**

I do hereby give consent to have my likeness photographed and/or videotaped by Frontline Community Services, Inc./VET 22 Suicide Prevention Program (FRONTLINE), and/or photographers, videographers, television/motion pictures, magazines, newspapers, and other media at FRONTLINE events and events of its Clients to be used for the purpose of public relations promotional materials (fliers, website, social media, newsletters, posters, etc.), advertising for new recruitment, and/or fundraisers (picture packages including group shots).

### **EMERGENCY MEDICAL RELEASE**

I do hereby give consent for the medical treatment of myself by a qualified person in the case of emergency. I understand that I will be notified as soon as possible should the need for medical treatment arise. I also understand that this includes medical treatment deemed necessary by a qualified person for either injury or illness. I also understand that the purpose of this release is to speed up any treatment that may be needed and does not supersede my right to be informed as soon as I can be contacted should I need medical treatment.

**By signing your name, you are stating that you have read and fully understand the above Statements.**

Participant's Signature

Date