



## New Day: for children of divorce

*In the night there are many tears, but joy comes in the new day.*

CenterPoint Counseling – Second Presbyterian Church  
7700 N. Meridian St. Indianapolis, IN 46260 – 317.252.5518 – 317.259.5718 (fax) – [NewDay@CenterPointCounseling.org](mailto:NewDay@CenterPointCounseling.org) (email)

### Welcome to New Day!

Dear Potential New Day Participant,

Thank you so much for your interest in participating in the New Day Program. One goal of New Day is to encourage and help parents work toward co-parenting as much as possible, while maintaining a “safe emotional environment.” Therefore, both parents are invited to come to New Day as long as they attend different adult groups. As you are aware, your children and ex-spouse are already enrolled in the program. We are anxious to get to know you and your family as we begin a new journey together. **We require that you notify your children and ex-spouse about your intent to also enroll in the program.**

New Day is a directional support group for children and families of divorce. Our goal is to help children (and adults) develop and gather the tools they will need to move through their current and on-going grief as it relates to their divorce experience in a healthy way. Because we recognize that each child and person will move through their grief at their own pace and in their own way, New Day is an open-ended group. Children and families can enter and re-enter New Day based upon their needs, developmental levels and stages of grief.

Program Nights for New Day take place the 2<sup>nd</sup> & 4th Tuesday evenings of each month (September-May) at Second Presbyterian Church. You will come together at 6:00 pm with other family participants and shortly thereafter breakout into age appropriate groups led by trained facilitators. Each evening will end at 7:45 pm.

In order to enroll in the New Day Program, there are three (3) steps to follow:

**Step One:** Fill out the enclosed **application** and **send it back** to: Jennifer Murphy  
New Day Program  
7700 North Meridian Street  
Indianapolis, IN 46260

**Step Two:** After we receive your application, CenterPoint Counseling will contact you. If you do not hear from them within two weeks, please call 317.252.5518 to schedule a **brief interview** with New Day staff.

**Step Three:** After you have completed the interview process and both you and the New Day staff agree that the program will meet the needs of your family, you will be asked to complete the **Participant Statement of Commitment** (please see the enclosed preview of the Participant Statement of Commitment).

Although the New Day Program is free of charge, you must be enrolled in the program and have attended a brief intake interview to participate in a Program Night. If you are interested in withdrawing from the program, you must notify New Day staff as soon as possible to make the appropriate arrangements for families on our waiting list. If you miss multiple Program Nights in a row, and do not notify New Day staff, we will assume this is not a convenient time for your family and will remove you from the active roster. Because New Day is an open-ended group and families can enter and re-enter as needed, you will be able to re-enroll in the program based on space availability.

We are thankful to have the opportunity to provide this type of forum for you and your family. We are hopeful that your experience with us will be the resource you need to begin to heal.

We look forward to getting to know you. If you have any questions, please do not hesitate to contact New Day staff by email ([NewDay@CenterPointCounseling.org](mailto:NewDay@CenterPointCounseling.org)) or by phone at 252-5518. We look forward to hearing back from you. Again, thank you!



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## Participant Assessment Form-2<sup>nd</sup> Parent Attending

Date: \_\_\_\_\_

**Parent/Guardian #2 Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is your ex-spouse aware that you will be attending New Day? Yes No

Please list the dates that your most recent and any previous divorces were final: (Note: If your divorce is not yet final, please indicate when your divorce was filed.) Also, please indicate who filed for the divorce.

Date	Who Filed?	Status? (Final or Pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am aware that my child/children and my ex-spouse are enrolled in the New Day program. I have notified my child/children and my ex-spouse of my intent to attend New Day program nights. I understand that this is not a therapeutic or counseling program, but a directional support group. I, hereby, indemnify and hold harmless CenterPoint Counseling, the New Day program and Second Presbyterian Church from any and all issues that may arise by my enrolling myself in the New Day program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Parent/Guardian #2 Information Continued:**

1. Current Marital Status: \_\_\_currently married \_\_\_separated and going through a divorce  
 \_\_\_divorced and single \_\_\_divorced and dating

2. Briefly describe the circumstances of your most recent divorce and your current relationship with your ex-spouse. Please indicate if the divorce was amicable, hostile, neutral, and if any protection orders are in place?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Briefly describe what type of custody arrangements you have with your ex-spouse.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you a child of divorce? Yes / No

5. At the time of your most recent divorce, were there pets in the home? Yes / No

6. If yes, please list the names of each pet and with whom each is living:

Pet Name	Type of Pet	With Whom is Pet Living
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please list the members of your current household (in order of age):

Name	Age	Relationship to Family (i.e. mother, stepfather, child #1, etc)

**Personal Support & Spiritual Profile:**

1. Please define your personal support system. Who do you talk to when you need positive support?

<b>Personal Support System</b>	Spouse/ Significant Other	Mother	Father	Children	Adult Relative	Friend	Sibling	Other
<i>Please check</i>								

2. Have you or any member of your family ever been involved in the following services?

<b>Systemic Support System</b>	Support Groups	Religious or Spiritual Groups or Guidance	Treatment Programs	Mental Health Counseling	Anger Management Classes	Family Counseling	Other
<i>Please check If yes, please explain when and where.</i>							

3. Do you consider any of the following as support resources?

<b>Institutional Support System</b>	Neighborhood	Church, Synagogue or Congregation	School	Other
<i>Please check</i>				

4. Do you consider faith to be a resource for your family? Yes No

5. Which of these elements have been helpful to you and/or your family?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Prayer                        | <input type="checkbox"/> Worship Services                  | <input type="checkbox"/> Pastoral Visits/contacts |
| <input type="checkbox"/> Devotional Books/<br>Readings | <input type="checkbox"/> Scripture Lessons/<br>Bible Study | <input type="checkbox"/> Faith Discussion Groups  |

6. Do you consider yourself to be a member of any particular church/synagogue denomination? Yes / No  
If yes, which (i.e. Baptist, Methodist, Presbyterian, etc...) \_\_\_\_\_

7. Do you or your family have a congregation home? Yes / No  
If yes, what is the name of your congregation? \_\_\_\_\_

8. To help us understand how we may better serve you, please explain your faith journey throughout your divorce. (i.e. Were you or your family able to find comfort or support through the church? Was the church a resource that you considered as a source of support before, during and after your divorce? What about now? What is your family's faith like? Etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Are there any additional comments that you feel may be important in helping us understand your current faith journey?

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\_\_\_\_\_

**Children**

1. Please list any health concerns you have about your child(ren) as they relate to your child's participation in the New Day program.

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2. Briefly describe your child(ren)'s current school experience (i.e. relationship with teachers, grades and school work, concentration, relationship with peers, etc...).

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3. Briefly describe how your child(ren) is currently functioning at home (i.e. relationship with sibling/s, relationship with parent/s, etc...).

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4. Briefly describe your child(ren)'s current peer relationships (in and outside of school).

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5. As a parent, what do you believe are the greatest challenges for your child(ren) currently?

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