Course Description: This researched and evidence-based course is equivalent to a 6-hour classroom course and is most often required for persons who have been charged with Issuance of a Bad Check and/or placed on probation for Theft by Check, Credit or Debit Card Abuse, or Criminal Mischief. It is also appropriate for those who just need to improve their financial management skills.

This course is designed to teach participants to understand the process of how to change behavior, to discover how attitudes or beliefs can affect behavior, to understand how to control attitudes and emotions and take more control of their lives, to decide to make positive steps to alter present behavior, and to make a commitment to understand how to create a budget and balance a checkbook. Skills taught are balancing a checking account, budgeting, responsibility, coping with stress, making healthy choices, determining Wants vs. Needs, self-improvement and goal-setting.

August 2022 – December 2022

Cost: The cost of this course is $65. There will be no checks accepted for this course. Students must pay by cash, money order or debit card. There are no refunds once the Home Study workbook has been issued/mailed.

Registration: Registration must be handled directly through the Intervention Programs office using one of the methods listed below. Full registration conditions and registration form are located on the back of this form. Students are required to register and pay prior to the Home Study workbook being issued or mailed.

Enrollment Eligibility Notice: Students with outstanding obligations to Amarillo College may not be allowed to enroll in or complete a continuing education course until the obligations are fulfilled. Students who have received a Criminal Trespass Warning from Amarillo College will not be allowed to enroll in courses held on any AC campus unless the warning has been lifted.

Completion: Students must complete and return the Home Study workbook within 30 days of receipt of payment, or they will be required to register and pay again. A Certificate of Completion will then be mailed within two weeks.

Questions: For questions regarding our programs, call (806) 356-3649 or (806) 354-6083 or e-mail rdominguez@actx.edu. Se habla español. You may also visit us online at www.actx.edu/intervention.

Read the Registration Conditions and complete the Registration Form on the back of this form, and then use one of the following accepted registration methods:

Mail Registration

• Complete the registration form, enclose check or credit/debit card information, and mail to:
  AMARILLO COLLEGE
  INTERVENTION PROGRAMS
  PO BOX 447
  AMARILLO TX 79178

FAX Registration

• Complete the registration form, include credit/debit card information, and fax to: Intervention Programs, (806) 354-6074.

In-Person Registration

• Complete the registration form and come to our office and provide payment in full at the address listed below:
  WEST CAMPUS – 6222 W. 9th Ave., Building C, Room 121, Amarillo, TX
  8 a.m.-5 p.m., Monday through Friday

HOLIDAY/SUMMER HOURS
  Please call 371-5000
Responsible Money Management for Home Study
Registration Conditions and Registration Form
You must meet the conditions outlined below in order to register for this course.

At a minimum, to take the Responsible Money Management for Home Study instead of attending the in-person group course, you must satisfy **one** of the first four conditions **plus** conditions #5 and #6.

**Satisfy One:**

1- You **are not** court-ordered to complete a Responsible Money Management course; however, you want to take a course for your own benefit and of your own free will.

2- You **are** court-ordered or otherwise required to complete the Responsible Money Management for Home Study version, and you have provided us with written verification.

3- You **are** court-ordered or otherwise required to take a Responsible Money Management course, and you live more than 45 miles from Amarillo, and you have received and provided us with written permission to take the Home Study version.

4- You **are** court-ordered or otherwise required to take a Responsible Money Management course, **but** you do not live more than 45 miles from Amarillo, and due to some other circumstance (health, work schedule, transportation, etc.) you have received and provided us with written permission to take the Home Study version.

**Plus:**

5- You have or will **obtain a “coach”** to assist you in completing your workbook. The “coach” can be a family member, friend, co-worker, or any other individual age 18 years or older who will commit the necessary time and with whom you feel comfortable sharing your thoughts and feelings.

6- You agree to **complete and return the workbook** to Amarillo College Intervention Programs by mail or in person **within 30 days** of payment and registration.

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### Registration Form – Responsible Money Management for Home Study

**Self-Verification (for all conditions):**

I, ______________________________, certify that I meet condition (circle one) 1, 2, 3, or 4 plus conditions 5 and 6 listed above and therefore qualify to take Responsible Money Management for Home Study.

Signature: ______________________________ Date: __________

**Court-Ordered/Required Verification (for conditions 2 - 4):**

I, ______________________________, certify that _______________________________ meets condition (circle one) 2, 3, or 4 listed above and therefore has my permission to take Responsible Money Management for Home Study in place of the in-person group course.

Signature: ______________________________ Date: __________

**Course ID# (for Office Use):** ______________________________ Date Mailed/Registered: __________

Social Security Number: ______________________________ Date of Birth: __________

Last Name: ______________________________ First: __________ MI: __________

City/State/Zip Code: ______________________________

Home Phone: ______________________________ Work Phone: ______________________________ Cell Phone: ______________________________

County of Residence: ______________________________ Residency Status: ____ Texas Resident ____ Out-of-State ____ Foreign Country

Gender: ___ Male ___ Female ___ E-mail: ______________________________

Ethnic Origin: (Voluntary Information – Will not affect enrollment) ___ White ___ American Indian ___ Alaskan Native ___ Black ___ Asian/Pacific ___ Islander ___ Hispanic ___ International

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT.

Date: ____________________________________________________ Signature: ______________________________

**Method of Payment:** ___ Cash ___ Check ___ Money Order ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit/Debit Card #: ______________________________ Expiration Date: ______________________________

Authorized Signature: ______________________________ Card Security Code: ______________________________