

CLIENT INFORMATION FORM (CUSTODIAL)

C/PARENT:

INTAKE DATE:

ADDRESS:

CITY:

COUNTY:

PHONE: (H)

(CELL)

(WORK)

EMAIL:

MALE/FEMALE

RACE:

DOB:

EMERGENCY CONTACT INFORMATION

NAME:

PHONE:

RELATIONSHIP TO CHILD:

NAME:

PHONE:

RELATIONSHIP TO CHILD:

NON-CUSTODIAL PARTY

NAME:

PHONE:

EMAIL:

What is the relationship of the non-custodial party to the child(ren)?

VISITING CHILDREN

NAME:

AGE:

M/F

RACE:

NAME:

AGE:

M/F

RACE:

CUSTODIAL PARENT

NAME: AGE: M/F RACE:

NAME: AGE: M/F RACE:

JUDGE: COUNTY: DATE OPEN:

DCBS WORKER: COUNTY: DATE CLOSED:

DCBS WORKER CONTACT INFO: PHONE: EMAIL:

CURRENT HOUSEHOLD

CURRENT MARITAL STATUS: MARRIED___ SINGLE___ DIVORCED___ WIDOWED___

NAME OF SPOUSE AND/OR PARTNER:

LIST THE PEOPLE RESIDING IN YOUR HOME PRESENTLY:ADULTS#___ CHILDREN___

NAME: AGE: RELATIONSHIP TO VISITING

CHILD(REN)

NAME AGE: RELATIONSHIP TO VISITING

CHILD(REN)

NAME: AGE: RELATIONSHIP TO VISITING

CHILD(REN)

LEGAL

Which courts are you involved with (Circuit, Family, District)?

ATTORNEY:

CONTACT INFO:

Do you have legal custody of the child? Yes___ No___

Do you have physical custody of the child? Yes___ No___

Copy of court ordering supervised visitation ___ has/ ___ has not been provided to the sunshine center as of the day of this intake.

What is your relationship with the custodial party?

HEALTH AND MENTAL HISTORY FOR THE CHILD(REN)

Are there any physical illnesses? If yes, please explain.

Do the child(ren) have any allergies that could interfere with the visit? Please list all allergies.

Is the child(ren), currently taking medication(s)? If yes, please explain.

Has the child(ren) seen a therapist or counselor (past or present)? If yes, please list name and contact information.

Does the child have any behavior needs? Yes ___ No ___

Comments:

CRIMINAL HISTORY

Have you ever been arrested for a criminal offense? If yes, explain.

Have you ever been convicted of a felony? Yes ___ No ___

Charges convicted of and when (month/year)

Have charges ever been filed against you for physical abuse or for threats of physical abuse?

Yes ___ No ___

Charges filed and when (month/year)

Have you ever assaulted or made threats to police, therapists, DCBS or court officials? If yes, explain.

Do you own weapons? If yes, explain. Yes ___ No ___

Are you currently involved in any other court cases? If yes, explain. Yes ___ No ___

ABUSE AND SAFETY INFORMATION

Has the child ever witnessed abuse or been abused? Yes ___ No ___

If yes, click all that apply: Physical ___ Sexual ___ Emotional ___ Domestic Violence ___

If yes, explain.

Has the child ever intervened to stop or prevent a violent situation from occurring? If yes, explain.

Have you been investigated by DCBS or law enforcement for child abuse or neglect? If yes, explain. Yes ___ No ___

Have you ever been involved with DCBS in any other capacity? If yes, explain. Yes ___ No ___

Is there a history of abuse by the other party towards you (even if the abuse was never reported)? If yes, explain. Yes ___ No ___

Have weapons ever been used by the other party to settle a domestic dispute? If yes, explain.

Yes ___ No ___

Are you afraid of the other party? If yes, please explain. Yes ___ No ___

SUBSTANCE USE/ABUSE

Do you have a history of alcohol abuse? If yes, explain. Yes ___ No ___

Do you have a history of prescription drug abuse? If yes, explain. Yes ___ No ___

Do you have a history of non-prescription drug abuse? If yes, explain. Yes ___ No ___

Do you believe you have a drug or alcohol problem? Yes ___ No ___

Comments:

HEALTH INFORMATION

Do you have any significant medical diagnoses? Yes ___ No ___

Comments:

Do you have any significant mental health diagnoses? Yes ___ No ___

Comments:

Are you seeing a counselor or therapist? Yes ___ No ___

Comments:

Have you ever been hospitalized due to mental health concerns? Yes ___ No ___

Comments:

PREVIOUS VISITATION INFORMATION

What was the previous visitation/custody order? Supervised ___ Unsupervised ___

Explain:

What was the last date of the last visitation with your child?

INFORMATION

Has the child been told about the supervised visitations and why the visits are being held at The Sunshine Center? Yes ___ No ___ Unknown ___

What do you anticipate your child's response will be to having supervised visitations: (happy, sad, scared, angry, shy, etc.)

What can we do to make this a good experience for him/her?

AVAILABILITY

While we strive to schedule based on everyone's request, scheduling is limited. Please indicate all available times you could potentially attend a visit so that we can better accommodate your schedule in the event your first choice of day/time is unavailable.

Monday	Morning ___	Afternoon ___	Evening ___
Tuesday	Morning ___	Afternoon ___	Evening ___
Wednesday	Morning ___	Afternoon ___	Evening ___
Thursday	Morning ___	Afternoon ___	Evening ___

Friday Morning ____ Afternoon ____ Evening ____

Duration of visit: 1 (one) hour ____ 2 (two) hours ____

Comments:

ADDITIONAL INFORMATION RELEVANT TO VISITATION

Please indicate YES or NO for the following items:

Can photos be taken by the visiting party during visits? _____

Can additional visitors attend visits? _____

Can the visiting party bring food/drink items to the visit? (We would sit outside to allow them to eat/drink permitting weather) _____

Can the visiting party bring gifts for the child? _____

I certify that the information given above is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my dismissal as a client if discovered after services begin. I understand that the court will be notified of this dismissal and that this may affect the visitation or custody of my child/children.

I understand that The Sunshine Center makes no promises or guarantees relating to visitation or court matters. My client status may be suspended any time that I or any part of my family/friends become unsafe for the facility and/or staff. I understand that any termination as a client will be documented and that this documentation may be presented to the court.

SIGNATURE:

DATE:

STAFF'S SIGNATURE:

DATE:
