

Client Intake Orientation

Name: _____

Date of Intake: _____

The following information has been reviewed during the Intake process

- Service to be provided:
 - Supervised Visitation
 - Monitored Exchanges

- You have been designated to use the following entrance
 - Court Street Entrance**

- You have been informed of the following safety and security measures:
 - SLO police will be contacted for the following: a domestic dispute, threats of or actual harm to program participants/staff or attempted/actual child abduction.

- CONNECT determines the visitation appointment times and location based on the parent's availability and program availability.

- Prior to the first visit, if appropriate, custodial parents shall schedule an orientation for your child(ren).

- Program fees:
 - Intake Interview (non-refundable): \$50 per parent
 - Case Report: \$65 hourly rate applies
 - Court fees: \$65 per hr for court appearances; 2 hour minimum

- Visitation Service Fees:
 - Full fee per Visit hour: \$65
 - Your cost is: \$ _____
 - Full fee per Monitored Exchange: \$35
 - Your cost is: \$ _____

CONNECT Supervised Visitation Specialist

Intake Application

Date of Application: _____

PERSONAL AND FAMILY INFORMATION:

Father Mother Guardian, specify relationship to child(ren): _____

Name: _____ DOB: _____

Education/Highest Grade Completed: _____

Racial-Ethnic Origin: White (non-Hispanic) Hispanic Native American
 African American Asian Middle Eastern
 Bi-racial specify: _____ Other, specify: _____

Name of the other party involved (guardian or visiting parent): _____

Please indicate status of your relationship with your child(ren)'s guardian or visiting parent:

Relative, specify relationship _____ No Relation
 Divorced Separated Never Married Married

Date of Marriage: _____ Date of Separation: _____

Date Filed for Divorce: _____ Date Divorced: _____

Do you have contact with this parent? Yes No Not Applicable

Step-Parent or (significant other) living in home? Yes No Not Applicable

If Yes, Name: _____ DOB: _____

Step-and/or Half-Siblings (and others living in home) Yes No Not Applicable

If Yes:

Names(s):	Gender:	DOB:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If yes, estimate how often these incidents have occurred? _____

If yes, did any incidents occur in the presence of others? _____

Please describe the most recent incident. _____

6. Have there ever been charges filed against you or the other party for physical abuse?

You: Yes No

Other Party: Yes No Don't Know

7. Do you or other party own any weapons?

You: Yes No

Other Party: Yes No Don't Know

If yes, please describe type: _____

Have these weapon(s) ever been used/ threatened to be used in a domestic dispute? Yes No

If yes, please describe incident(s): _____

8. Have you or the other party assaulted or made threats to a law enforcement official, social worker or court official?

You: Yes No

Other Party: Yes No Don't Know

If yes, please describe incident(s): _____

9. Has your child(ren) witnessed the abuse? Yes No

If yes, estimate how often: _____

Has your child(ren) intervened? Yes No

If yes, please describe:

10. Has your child(ren) ever been abused (hit, hurt, threatened)? Yes No Don't Know

Type of Abuse (see #5 for examples): Physical Sexual Emotional

If yes, please explain:

11. Have you ever been involved with Child Protective Services? Yes No

If yes, please explain: _____

HEALTH INFORMATION:

1. Do you have any special or medical problems that CONNECT staff should be aware of? Yes

No If yes, please specify:

Diagnosis/Disability _____

Medication(s): _____

2a. Does your child(ren) have any special or medical needs (include allergies) that the visiting parent or CONNECT staff should be aware of? Yes No If yes, please specify:

2b. Is your child(ren) receiving psychiatric/psychological treatment (e.g., therapy, medications)?

Yes No If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

3. Substance Abuse (by either party):

History of drinking alcoholic beverages:

By you: Yes No By Other Party: Yes No Don't Know

History of non-prescription (street) drugs:

By you: Yes No By Other Party: Yes No Don't Know

If yes, please state substance(s) of choice: _____

Please estimate how often these substances are used: _____

Do you believe that there is a problem with drugs or alcohol?

For you: Yes No By Other Party: Yes No Don't Know

Behaviors experienced/observed while under the influence:

Treatment: _____

Length of Sobriety: _____

CUSTODY AND VISITATION ARRANGEMENTS:

1. Who presently has legal custody of the child(ren)?
 Guardian Father Mother Joint Not determined at this time
2. Who presently has physical custody of the child(ren)?
 Guardian Father Mother Joint Not determined at this time

If there are different custody arrangements for each child, please specify:

Pre-Supervised Visit/Monitored Exchange Visitation Arrangements:

1. Until today, what arrangements were in place between you and the other party for contact/visitation with the child(ren)? _____

2. How frequent were the visits with the child(ren)? _____
3. How long, on average, have these visits lasted? _____
4. Where have these visits taken place? _____
5. The decision for visitation arrangements was made by/with assistance from:
 You and your ex-spouse/partner Counselor or mediator Judge or an arbitrator
6. What was the date of the last contact between the visiting parent and child(ren)? _____

7. What is the understanding of the reason(s) why you were referred to CONNECT?
 Domestic Violence Allegations of History
 Children Witness Abuse (a.k.a. Emotional Abuse)
 Child Abuse Allegations or History, please specify:
 Physical Emotional Neglect Sexual
 Substance Abuse Allegations or History, please specify:
 Alcohol Psychoactive drugs Prescription drugs
 Lack of Access/Alienation of the child(ren)
 Lack of contact/Re-introduction, specify time absent: _____
 Poor Parenting Skills Allegations or History
 Abduction Risk (threatened or attempted kidnapping)
 Diagnosed Mental Illness
 Other, please explain: _____

8. Have you informed your child(ren) of the CONNECT court order and the reasons why CONNECT services are needed? Yes No

If no, please explain why not:

9. What do you anticipate your child(ren)'s response to coming to CONNECT? (eg, happy, shy, sad, scared, angry, etc.):

Custodial Party: Please review with your child(ren) How to Prepare Your Children for Visitation form.

Custodial Party: For Supervised Visitations ONLY: Do you and your child(ren) permit photographs to be taken during supervised visitations? Yes No

LANGUAGE NEEDS:

If you are a visiting parent for supervised visitations services and English is your second language, please comment on the following:

A. Primary language and dialect: _____

B. How would you best describe your command of the English language:

- No translation needed or can get by without a bilingual staff present.
- I prefer to have someone present who speaks my native language.
- I must have a bilingual staff at all times.

Please note that CONNECT makes every effort to provide bilingual services. If CONNECT is unable to provide bilingual staff for any given visit, please comment on/check off your needs:

- I am fine with speaking in English if no bilingual staff are available.
- I would like CONNECT to cancel all visits in which no bilingual staff are available.
- I would like CONNECT to call me and let me know that bilingual staff are not available so that I can decide if I would like to cancel the visit.
- I would like to be informed just prior to seeing my child(ren) that I will need to speak in English. I
- would like for my child(ren) and me to be informed together that we will need to speak English.

Is there any aspect of yours or your children's racial, ethnic, and/or cultural background that you would like CONNECT to consider while providing services? Yes No

If yes, please explain:

**Your needs will be considered to the extent that safety and neutrality is not compromised.*



SPECIFICS OF CONNECT:

Are you in agreement to using CONNECT's Services? Yes No

If no, please explain

CONCERNS: Is there anything that you feel we need to know to best serve your court-ordered visitation needs?

Signature

Date

Staff Signature

Title

Date

