

The Family Resource Center of Southwest Florida, Inc.

Intake Form for Supervised Parent

Case Number: _____

Parent's Information:

Name: (First)		(Last)
Street Address:		City:
State:	Zip code:	Date of Birth:
Phone Home:	Mobile:	Work:
Employment Status:		Employer:
Marital Status:		Ethnicity:
Year, Make, Model and Color of Parent's Vehicle:		
License Plate Number:		
Primary language spoken:		Other languages spoken:
Emergency Contact: (Name)		(Phone Number) ()

Children's Information:

Child(ren) Name(s)/DOB/ Gender:			
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
Child(ren) reside with (check one):) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other relative <input type="checkbox"/> foster home			
Primary language spoken:		Other languages spoken:	

Supervision Details:

The Family Resource Center of Southwest Florida, Inc.

Why has supervised parenting time been ordered by the Court? _____

What do you need to improve/demonstrate to have unsupervised parenting time? _____

Is there a No Contact Order in place? Yes No If yes,

Filed by: _____ against _____

Effective dates of order: ____/____/____ to ____/____/____

Are there any pending allegations of physical or sexual abuse? Yes No

Who has made the allegation? _____

Who is the alleged perpetrator of the abuse? _____

Are there any cultural, ethnic, or religious considerations that may help staff better prepare for visits? (Explain)

Are there any security concerns that should be noted? Yes No (Explain below)

Have you ever been treated for any physical or mental health issues? Yes No (Explain below)

Do you have any history of substance abuse or violent behaviors? Yes No (Explain below)

Have you ever been arrested or convicted of a crime? Yes No (Explain below)

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Is there any additional information the staff of FRC should be aware of? _____

* * * For Office Use Only * * *

Frequency of supervised parenting time per Court Order: _____

Length of supervised session: _____ hours Date supervision to commence: _____

Additional Information: