

# The Family Resource Center of Southwest Florida, Inc.

## Intake Form for Unsupervised Parent

Case Number: \_\_\_\_\_

### Parent's Information:

Unsupervised Parent     Foster Parent     Guardian

<b>Name:</b> (First)		(Last)
<b>Street Address:</b>		<b>City:</b>
<b>State:</b>	<b>Zip code:</b>	<b>Date of Birth:</b>
<b>Phone Home:</b>	<b>Mobile:</b>	<b>Work:</b>
<b>Employment Status:</b>		<b>Employer:</b>
<b>Job Title:</b>	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Pending <input type="checkbox"/> Never Married	
<b>Ethnicity:</b>	<b>Primary Language Spoken:</b> <b>Other Languages Spoken:</b>	
<b>Year, Make, Model and Color of Parent's Vehicle:</b>		
<b>License Plate:</b>	<b>DL #</b>	
<b>Emergency Contact:</b> (Name)		(Phone Number) (      )
<b>Is anyone else authorized to drop off/pick up the child(ren) from the FRC?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Name:</b> _____		<b>Phone:</b> _____
<b>Relationship to you:</b> _____		
<b>Year, Make, Model and Color of Vehicle:</b>		
<b>License Plate:</b> _____		<b>DL#</b> _____

### Children's Information:

<b>Child(ren) Name(s)/DOB/ Gender:</b> _____ _____/_____/_____ <input type="checkbox"/> M <input type="checkbox"/> F
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_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
<b>Child(ren) reside with</b> (check one):) <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other relative <input type="checkbox"/> foster home			
<b>Primary language spoken:</b>		<b>Other languages spoken:</b>	
<b>Does your child have any of the following:</b> (If checked, please identify child by name) <input type="checkbox"/> Speech/language issues <input type="checkbox"/> Allergies (specify to what) <input type="checkbox"/> Physical limitations <input type="checkbox"/> Other conditions (specify)			
<b>Does your child(ren) have any special medical, physical, or mental health issues staff should be aware of?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)			
<b>Will you provide documentation from child's MD re: the issue?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Supervision Details:

Is anyone prohibited from seeing the child(ren) during the supervised parenting time per a court order?

Yes  No

If yes, who is prohibited?

\_\_\_\_\_  
\_\_\_\_\_

Is there a No Contact Order/Injunction in place?  No  Yes If yes, complete the following:

Filed by: \_\_\_\_\_ against \_\_\_\_\_

Effective dates of order: \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Who has made the allegation? \_\_\_\_\_

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Who is the alleged perpetrator of the abuse? \_\_\_\_\_

Are there any topics that should not be discussed during a visit? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

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)

\_\_\_\_\_

Are you supportive of the relationship of the child(ren) and the parent through supervised parenting time?

Yes  No Explain how you will support your child(ren) in this process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What needs to be improved or demonstrated to have unsupervised parenting time?

\_\_\_\_\_

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Is there any additional information the staff of FRC should know about you or your case?\_

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\* \* \* For Office Use Only \* \* \*

Frequency of supervised parenting time per Court Order: \_\_\_\_\_

Length of supervised session: \_\_\_\_\_ hours      Date supervision to commence: \_\_\_\_\_

Additional Information: