**CLIENT INFORMATION FORM (NON-CUSTODIAL)**

NC/PARENT NAME: INTAKE DATE:

ADDRESS: CITY: COUNTY:

PHONE: (H) (CELL) (WORK)

EMAIL: (A working email is required) MALE/FEMALE RACE: DOB:

**EMERGENCY CONTACT INFORMATION**

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

**CUSTODIAL PARTY**

NAME: PHONE: EMAIL:

What is the relationship between the custodial party and the child(ren)?

**VISITING CHILDREN**

NAME: AGE: M/F RACE:

NAME: AGE: M/F RACE:

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)

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**HISTORY**

In your own words, what are the reasons for supervised visitation?

Is there a Domestic Violence Order (DVO)? If yes, list parties that are involved.

Is there an Emergency Protective Order (EPO)? If yes, list parties that are involved.

If you answered yes to questions regarding DVO and/or EPO, were weapons involved? If so explain.

Is substance abuse involved? If yes, please explain.

Is the Cabinet for Health and Families (Social Services) currently involved? If yes, at what level (open investigation, ongoing case, closed)?

Who is the Social Worker(s): Current and/or Past? List name(s) and contact information.

**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. (Please note: a copy of the court order is required to be turned into The Sunshine Center before a visit can be scheduled.)

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**

**(Please note: We try our best to meet the needs of everyone in regards to their availability, work schedule and personal reasons as far as scheduling goes. Be sure to mark more than one available time so that we may better serve your scheduling needs.)**

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: (Please specify here if there is a specific day/time you are NOT available.)

**ADDITIONAL INFORMATION  
(Please specify here if there is anything related to supervised visitation that you feel is necessary in order for us to serve you and your family better.)**

**PLEASE NOTE: IF YOU WISH TO BRING A GIFT, FOOD/DRINK ITEMS OR HAVE A VISITOR ATTEND THE VISIT, YOU MUST HAVE PRIOR APPROVAL. BE SURE TO NOTIFY THE SUNSHINE CENTER 48 HOURS PRIOR TO YOUR VISIT.**

**PICTURES: YOU MUST HAVE PRIOR APPROVAL TO TAKE PICTURES DURING A VISIT. PICTURES ARE ALLOWED TO BE TAKEN IF PERMISSION HAS BEEN GIVEN BY THE CUSTODIAL PARTY, AND ONLY IN THE *LAST 5 MINUTES OF THE VISIT*. PHONES ARE NOT ALLOWED TO BE OUT DURING THE VISIT. THANK YOU FOR YOUR ATTENTION TO THIS.**

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:**