

# ARIZONANS FOR CHILDREN SUPERVISED VISITATION CENTER



INTAKE FORM										
CHILD INFORMATION (TO BE COMPLETED BY CUSTODIAL PARENT ONLY)										
Child's Last Name:				First Name:						
Date of birth:			Age:			Gender:		M	F	
Current :	Height:		Weight:							
Does your child/adolescent have any drug/food allergies				Yes		No				
If yes, please specify:										
Guardians Name:										
Where is child placed? (check one)				Foster Home	Relative	Residential	Other			
Street Address:				City:						
State:			Zip Code			Child's School:				
Child's Grade:				Child's Ethnicity						
PARENT INFORMATION										
Parent Name:										
Street Address:						City				
State:			Zip Code			Date of Birth				
Home Phone:			Mobile Phone:			Work Phone:				
Relationship to Child:							Marital Status			
Employment Status					Employer					
Year, Make, Model and color of Parents Vehicle:										
License Plate Number					Parents Ethnicity					
HEALTH/MEDICAL HISTORY										
Primary Care Physician/Pediatrician/Counsellor:										
Phone Number:										
Are child(ren)'s immunizations up to date?		Yes			No			Do not know		
Is child taking any medication? (Prescription and over-the-counter)				Yes		No				
Child's Name			Medication			Purpose				

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LOGISTICS	
<p><b>Is there transportation needed for the children?</b></p> <p><b>If yes, what are the details of transportation for the child(ren) to and from the visitation?</b></p>	N/A
<p><b>Is there transportation needed for the parent/guardian?</b></p> <p><b>If yes, what are the details of transportation for the parent/guardian to and from the visitation?</b></p>	N/A
<p><b>How long have the children been in their current placement?</b></p> <p><b>Why were the children removed?</b></p>	
<p><b>What are the abuse allegations?</b></p> <p><b>Who is the alleged perpetrator of the abuse?</b></p>	
<p><b>Are there any topics that should not be discussed during a visit?</b></p>	
<p><b>Does either parent have any physical or mental health issues?</b></p>	
<p><b>Does either parent have any substance abuse or violence issues that may be of concern?</b></p>	
<p><b>Are there any cultural, ethnic, or religious considerations that may help staff better prepare for visits?</b></p>	
<p><b>Are there any security concerns or additional comments that should be noted?</b></p>	

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LEGAL INFORMATION				
Child's Attorney information				
Name of Attorney:	Attorney's Phone Number:			
Are there a restraining order in place currently against either participating adult?	YES		NO	
If yes, please state the person named, date and parameters of the restraining order.				
Has there ever been a restraining order against either parent?	YES		NO	
If yes, please state the person named, date expired and parameters of the restraining order.				
Has your child/adolescent ever had involvement with the legal system?	YES		NO	
If yes, please describe.				
Are there any legal problems having to do with other family members?	YES		NO	
If yes, please describe:				
THANK YOU FOR PROVIDING THIS INFORMATION				
SIGNATURES				
Custodial Parent::			Date:	
Supervised Visitation Specialist:			Date	
DO NOT WRITE BELOW THIS LINE				
RISK ASSESSMENT – <i>To be completed by AFC Visitation Center Staff</i>				
SERVICE DECISION				
	Provide services as requested			
	Provide services with the following modifications from the request:			
	No provision of services because,			