

ARIZONANS FOR CHILDREN SUPERVISED VISITATION CENTER



INTAKE FORM											
PARENT FORM											
NAME:											
Date of birth:				SSN:				Phone:			
Current address:											
City:				State:				ZIP Code:			
Vehicle (Make/Model/Year/Color)											
CONTACT INFORMATION											
HOME:						CELL:					
WORK:						EMERGENCY					
EMAIL ADDRESS:											
PREFERRED DAYS/TIMES/DURATIONS FOR VISITS											
Please check all days that you are able to attend a visit, please write in times available on those days											
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
AM		AM		AM		AM		AM		AM	
PM		PM		PM		PM		PM		PM	
SUNDAY:											
EMPLOYMENT INFORMATION											
Current employer:											
Employer address:								How long?			
Phone:				E-mail:				Fax:			
City:				State:				ZIP Code:			
Position:				Hourly Salary (Please circle)				Annual income:			
Who is responsible for the intake and visitation fees per the court order?											
EMERGENCY CONTACT											
Name of a relative not residing with you:											
Address:								Phone:			
City:				State:				ZIP Code:			
Relationship:											

SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:	SSN:	Phone:
SPOUSE EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
REFERRAL BY (GIVE NAME, ADDRESS, PHONE & EMAIL)		
Judge	Attorney	Mediation
CPS	Other (Specify)	

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INTAKE FORM			
Beginning and Ending dates of supervision:		Frequency & Duration of Visits:	
ADDITIONAL INFORMATION			
Last Court Appearance?			
Schedule recommended by court?			
Are you separated/divorced from child's other parent? When?			
Why are supervised visits or exchanges necessary (check)	Specify?		
<input type="checkbox"/> Substance Abuse			
<input type="checkbox"/> Mental Illness			
<input type="checkbox"/> Kidnapping (date of incident or threat)			
<input type="checkbox"/> Domestic Violence (Date)			
<input type="checkbox"/> Police Intervention			
<input type="checkbox"/> Criminal Record			
<input type="checkbox"/> Child Abuse/Neglect			
<input type="checkbox"/> Other Reason			
Has DCS (Department of Child Safety – formerly CPS) ever been involved with the family? When? What Reason?			
<div style="border: 1px solid black; height: 40px;"></div>			
Has the Attorney General's office ever been involved? Please explain.			
<div style="border: 1px solid black; height: 40px;"></div>			
Are you under the care of a counselor/ physician for any condition, if so, when and for what reason?			
<div style="border: 1px solid black; height: 40px;"></div>			
When was the last visit or exchange with the children and was it supervised?			
<div style="border: 1px solid black; height: 40px;"></div>			

What problems, if any do you expect from the other party with visits or exchanges?

Questions, concerns or comments:

SIGNATURES

Signature of applicant:	Date:
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Signature of spouse (only if for a joint membership):	Date:
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Authorization to Exchange/Drop off or Pick Up Child

CUSTODIAL PARENT ONLY

I authorize (list names and relationship to child)

to pick up my children in lieu of myself. I understand that the parties I authorize will also be required to follow Arizonans for Children guidelines and rules regarding exchanges and visitations. I understand that they may be required by Arizonans for Children staff to show a driver's license as proof of identification. Failure to provide identification may result in children not being released to that party.

SIGNATURES

Parent signature:	Date:
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Parent- print name:

Signature of Supervised Visitation Coordinator:	Date:
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