SOLUTION FOCUSED FAMILY CENTER

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PARENTING FACILITATION INTAKE FORM

Please answer all questions completely. Use additional 8 ½ X 11 paper as needed.
You are responsible for providing updates if any information changes.

Your Name: _____
Last First Middle Maiden/Other names

Present Address:_____
Street Apt. # City State Zip Code

Telephone Numbers:_____
Home Work Cell Fax

Age: ____ Date of Birth: _____ Drivers License: _____ Social Security #: _____
Number/State *Required for CPS records

Email: _____

ATTORNEY INFORMATION:

Your Attorney's Name: _____ Legal Assistant: _____

Address:_____
Street Suite # City State Zip Code

Telephone Number: _____ Fax Number:_____

Is there an Ad Litem or Amicus Attorney assigned? □ Yes □ No

Ad Litem or Amicus Attorney's Name: _____ Legal Assistant: _____

Address:_____
Street Suite # City State Zip Code

Telephone Number: _____ Fax Number:_____

Since your initial court appearance, have you or another party initiated any court proceedings? □ Yes □ No

If YES, what for: _____

Have you ever had any of the following completed:

□ Child Custody Evaluation □ Psychological Evaluation □ Mental Health Treatment

RESIDENCE INFORMATION

Type of Residence:

- House
- Apartment
- Mobile Home

Do you:

- Own
- Rent

# of Bedrooms _____ # of Bathrooms _____ Monthly payment _____ Current value _____

How long at present address? _____ # of times you have moved in the last ten years?_____

Previous addresses (10 Year History)

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

_____ How long at that address: _____

EDUCATIONAL HISTORY

School name/location	**Dates of attendance**	**Degree/Last grade completed**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you experience any developmental, academic or behavior problems as a child or while in school, with peers or teachers?

_____

_____

_____

_____

What was the last year of school you completed? Did you graduate high school or college? If not, please explain.

_____

_____

_____

_____

MILITARY SERVICE AND STATUS

Branch	**Dates of active duty**	**Discharge Status**
_____	_____	_____

FAMILY HISTORY

How would you describe your current support system? (relatives, friends, etc.)

_____

_____

_____

_____

_____

_____

_____

Describe your current relationship with your mother?

_____

_____

_____

_____

_____

Describe your current relationship with your father?

_____

_____

_____

_____

_____

List your brothers and sisters:

Name	Age	Relationship (Biological, step, half

Describe your relationship with your siblings today and where they live.

_____

_____

_____

_____

_____

_____

_____

Describe any family problems which occurred while growing up.

Did you experience any childhood physical, sexual, or emotional abuse? If yes, please explain.

Was Child Protective Services ever involved in your family? If yes, please explain.

MARITAL/RELATIONSHIP HISTORY

List, in chronological order, all marriages, cohabitation or long-term relationships you have been involved in, including your current relationship. Use additional pages if necessary.

Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 3	Child # 3
Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 2	Child # 3
Name of partner	Date of marriage / cohabitation	Date of separation	Date of divorce
Names of children (if any) from this relationship:	Child # 1	Child # 2	Child # 3

Are you presently contemplating marriage?

- ☐ Yes
- ☐ No

If yes, name and address of prospective spouse: _____

_____

EMPLOYMENT HISTORY:

List all jobs held in the last ten years (use additional pages as needed)

Employer name, address, and telephone	**Dates of employment**	**Reason for leaving**

Monthly Income	**Gross**	**Net**
Employment/Self-employment	$_____	$_____
Child Support	$_____	$_____
Spouse income	$_____	$_____
Other (describe)	$_____	$_____

MEDICAL/BEHAVIORAL HEALTH HISTORY

Name of Primary Care Physician: _____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last medical evaluation: _____ Date of next appointment: _____

Are you currently under the care of a psychiatrist or have been in the past? □ Yes □ No

If Yes, Psychiatrist Name:_____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last psychiatric evaluation: _____ Date of next appointment: _____

Are you currently seeing a therapist or have in the past? □ Yes □ No

If YES, Current Therapist Name:_____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Date of last psychiatric evaluation: _____ Date of next appointment: _____

Past Therapist Name:_____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Start date of therapy: _____ End date of therapy: _____

Reason for discontinuing: _____

Past Therapist Name:_____

Street Address: _____ City/ST: _____ Zip: _____

Office Phone Number: _____ Office Fax Number: _____

Start date of therapy: _____ End date of therapy: _____

Reason for discontinuing: _____

Current medications being taken:

Medication #1: _____ Dosage/Frequency: _____

Purpose of medication:_____

Medication #2: _____ Dosage/Frequency: _____

Purpose of medication:_____

Medication #3: _____ Dosage/Frequency: _____

Purpose of medication:_____

Medication #4: _____ Dosage/Frequency: _____

Purpose of medication:_____

Have you ever been hospitalized for medical or psychiatric reasons? □ Yes □ No

Hospital	Month/Year	Reason
1.		
2.		
3.		
4.		

RECREATIONAL DRUG USE		
Do you currently use recreational drugs? □ Yes □ No	If no, have you used previously? □ Yes □ No	If yes, when did you stop?
TYPE OF DRUG	HOW MUCH	HOW OFTEN
1.		
2.		
3.		

ALCOHOL AND TOBACCO USE		
Do you drink alcohol? □ Yes □ No	If no, did you previously drink? □ Yes □ No	If yes, when did you stop?
TYPE OF ALCOHOL	HOW MUCH	HOW OFTEN
1.		
2.		
Do you smoke cigarettes? □ Yes □ No	Do you vape? □ Yes □ No	Do you use other forms of tobacco? □ Yes □ No

Previous Chemical Dependency Treatment □ Yes □ No

Treatment Center/Hospital	Month/Year	Reason
1.		
2.		

Have you ever attended AA or NA □ Yes □ No If yes, when: _____

_____

Extended Family History with diagnosed mental illnesses such as depression, anxiety, bipolar disorder, schizophrenia or other emotional problems? □ Yes □ No If yes, who:

_____

_____

_____

Extended Family History with Alcohol/Drug Problems □ Yes □ No If yes, who:

_____

_____

_____

_____

_____

Anyone involved in the case have a history of/been treated for drug or alcohol abuse? □ Yes □ No If yes, who:

_____

_____

_____

_____

_____

_____

Describe any important medical history, chronic ailments, or other health problem you experience:

_____

_____

_____

_____

_____

_____

_____

Criminal History

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, received deferred adjudication, or do they have a police or criminal action pending? □ Yes □ No If yes, please explain:

_____

_____

_____

_____

_____

_____

_____

Is any person involved in the case on probation or parole? □ Yes □ No

If yes, explain and provide the name, address and telephone number of the probation or parole officer:

_____

_____

_____

Has a protective order been issued against any person involved in the case? □ Yes □ No

If yes, please explain:

_____

_____

_____

_____

_____

_____

Have you ever had any interactions with law enforcement related to child protection or welfare? □ Yes □ No

If yes, please explain:

_____

_____

_____

_____

_____

_____

_____

Identifying Information: Children – List the child or children involved in the court action.

Name	DOB & Social Security #	School/daycare name and address	Grade

- *Social Security # is **<u>required</u>** for us to complete a record check with Child Protective Services.*

What is the current allocation of parenting time between parents (access/visitation arrangements):

_____

_____

_____

_____

_____

_____

Please list the days of the week including exchange locations:

_____

_____

_____

_____

_____

List all other children living in either party's home who are not involved in the case.

Name	**DOB/Social Security #**	**School/daycare name and address**	**Grade**

Name, address, and telephone number of the children's pediatrician/primary physician:

Have any of the children been treated for a current or chronic health problem? □ Yes □ No

If yes for what condition and by who? _____

_____

_____

_____

_____

Have any of the children received any behavioral/mental health counseling or treatment? □ Yes □ No

If yes for what condition and by who? _____

_____

_____

_____

_____

Do any of the children have any Behavioral Modification or a Special Education/504 plan at school? □ Yes □ No

If YES, please explain:_____

_____

_____

_____

_____

_____

Do any of the children participate in any extracurricular activities? □ Yes □ No

If YES, what?_____

_____

_____

_____

_____

_____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the marital or children sections of this form? □ Yes □ No

If YES, give their names, ages, and relationship to you: _____

_____

_____

_____

FAMILY VIOLENCE

Has there been violence in any of your relationships? □ Yes □ No

If YES, how often and over what period of time? _____

_____

_____

Has there been violence or neglect involving the children? □ Yes □ No

If YES, how often and over what period of time? _____

_____

_____

_____

_____

_____

_____

_____

Has anyone involved in this case ever been involved with Child Protective Services? □ Yes □ No

If YES, when and in what county? _____

_____

_____

_____

Please explain the allegations and the outcome of the investigation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____