SOS CHILD VISITATION & EXCHANGE CENTER
25 West 5th PO Box 1191
Emporia, KS 66801
Phone: (620) 342-0076 Fax: (620) 343-3070

REFERRAL/INTAKE FORM

Date of Intake: _____ ☐ **Supervised Visitation** ☐ **Monitored Exchanges**

Have you previously used the Center for services? ☐**Yes** ☐**No**

Are you the: ☐**Residential Parent** ☐**Non-Residential Parent** ☐**Other _____**

Fees assessed to: ☐**Split Between Parties** ☐**Residential Parent** ☐**Non-Residential Parent**

Name: _____

Other Names Used: _____ DOB:_____

Age:_____ SSN:_____ Race:_____

Address:_____ City: _____ State:_____ Zip:_____

Home Phone:_____ Cell:_____

E-mail:_____ Text messaging ok? ☐ **Yes** ☐**No**

Significant Other:_____

Emergency Contact Name & Phone:_____

Name of Persons in Household: May CVEC staff speak freely with them? ☐**Yes** ☐**No**
If yes, who:_____

<u>Child Information:</u>
Name of Child/Children needing Service:

_____ DOB _____ Race _____ School _____
_____ DOB _____ Race _____ School _____
_____ DOB _____ Race _____ School _____
_____ DOB _____ Race _____ School _____
_____ DOB _____ Race _____ School _____

Child Care Provider Name:_____

Employed? ☐**Yes** ☐**No** ☐**Retired** ☐**Full time** ☐**Part time**
Work Schedule/Hours Worked Per Week: _____
_____

Name of Employer: _____ Phone:_____

Can you receive calls at work? ☐**Yes** ☐**No**

Transportation: ☐**Own Vehicle** ☐**Borrow** ☐**Walk** ☐**Other: _____**
Tag #: _____ Make:_____ Model:_____ Color:_____ Year:_____

Marital History with Birth Parent: ☐**Never Married** ☐**Married** ☐**Separated** ☐**Divorced** ☐**N/A**
Date of Divorce/Separation: _____

Custody Arrangement/Parenting Plan:_____
_____

Preferred Visitation/Exchange Times:_____
_____

Reason for Services:
_____
_____
_____

Residential Parent's Last Contact with Non-Residential Parent: _____

Persons Involved:
Attorney Name & Contact Information:_____

GAL/Mediator/Other:_____

Past/Current Support Agencies Involved (Name & Contact Information):
_____
_____

☐**No Contact Order** ☐**PFS** ☐**PFA** ☐**Restraining Order** ☐**Past/Expired** ☐**Current**

Date Order Was Filed:_____ ☐**Police report made**_____

Other Legal/Criminal Action: ☐ **N/A**

☐**Past** _____

☐**Pending** _____

P.O./Parole Officer Name:_____ **Phone:**_____

History/Concern by either party of substance use or abuse (If yes, please explain):
_____
_____
_____

Child Information

Health Information:

Name: **Diagnosis:** **Medication:** **Reason for Taking:**

_____

_____

_____

_____

Does the Child(ren) have any behavioral problems?

_____

_____

Does the child(ren) have any special needs?

_____

_____

Does the child(ren) have any dietary restrictions/food allergies?

_____

_____

What is the child's understanding of services? _____

_____

Is there a history of abuse/violence toward the child(ren)? (If yes, please specify):

_____

_____

Did the child(ren) hear/witness parental conflict/violence? _____

_____

Child's Interests/Activities: _____

_____

_____

Additional information/Concerns:

_____

_____

_____

_____

Staff Notes: _____

_____

_____

_____

_____

_____

_____

Staff Signature Completing Intake: _____ **Date:**_____