

Spokane Family Guidance Services

8703 N Wall St
Spokane WA 99218
Spokanefamilyservices.com

Intake Form

For Clients of R.T and Supervised Visitation

Bring 7 items to the Intake Appointment:

1. Copy of Court Order or written instructions for R.T or supervised visitation
2. Copies of Police Reports within the past 12 months, TPO, Violence, Abuse, Drugs, Alcohol. Weapons,
3. Copies of Arrest or Convictions Records within the past 12 months
4. Copy of Driver's License
5. Completed Intake Form
6. Fee for Intake Appointment: \$75 Cash or Cashier's Check
7. Fee for First Visitation: Based on contract agreement

Client Information: PRINT ONLY

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

Driver's License Number: _____

License attached: # _____

Fee agreement: _____

Payment is due in 7 days in advance of each visitation. Please pay now for upcoming SV

Collected Fee : Cash or Cashier Check Client Initial _____ Paid _____

Intake Fee: _____ Visitation Date/Time: Day _____ and Time _____

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Information of the other person

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

Child Information (complete for each child)

• Childs Name: _____

• Date of Birth: _____ age: _____

• Gender _____ Race: _____ Child in School name _____

Special Needs _____

Childs Name: _____

• Date of Birth: _____ age: _____

• Gender: _____ Race: _____ Child in School name _____

Special Need _____

• Childs Name: _____

• Date of Birth: _____ age: _____

• Gender _____ Race: _____ Child in School name _____

Special Needs _____

Additional children on back

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Attorney Information:

Name: _____

Address: _____

Phone: _____

***Email:** _____

Attorney Information:

Name: _____

Address: _____

Phone: _____

***Email:** _____

Guardian Ad Litem

Name: _____

Address: _____

Phone: _____

***Email:** _____

Judge Information

Name: _____

County: _____

Spokane Family Guidance Services

8703 N Wall St
Spokane WA 99218
Spokanefamilyservices.com

Court Ordre's

What are the instructions in the Court Order or paperwork for R.T and Supervised Visitation?

Explain:

Provide copies of all police reports, TPO's, Temporary Protective Order _____

Who is the current caregiver of children: name and phone numbers (home, work, mobile):

Name: _____ **Phone:** _____ **Email:** _____

Does the child(ren) have any physical challenges, developmental delays, areas of concern, medications, or special needs that may affect visits?

Custodial parent must provide all medicine or special needs PRIOR to visitation. We will not administer any medication nor allow visiting parent to administer medication during services.

____ Yes I understand and will abide : Client initial: _____

Does the child(ren) have any emotional or mental health issues that may affect visits?

What is the grade level of the child(ren)? Are there any school problems or school-related behavioral concerns?

Is the child(ren) currently involved with a therapist or in a therapeutic program?

Contact information: Name: _____ Email: _____

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Scheduling the R.T and Supervised Visitation for Client

Visitation Information:

On Site: Location Address: 8703 N Wall St

___ Off Site: Initial Location (we go by the court order) We do off site visits time .(unless the court order says to stay on site).

Date of first R.T or supervised visitation: Date's _____ Day's _____ and times _____

Visitation schedule (weekly, every other week, monthly, other) and duration (e.g., 90 minutes, etc.)

Canceling a court order R.T or Visit:

A visit or therapy is extremely important to the child(ren). We take cancellation very serious. A missed scheduled visit is wages for a contracted supervisor. And a broken hearted child(ren).

If the visit is court ordered and you do not bring the child(ren) YOU ARE VIOLATING A COURT ORDER!

If you have a court order to have a visit with your child(ren) and you cancel. YOU ARE VOLATING A COURT ORDER!

The client that is doing the visit must give a 24 hour notice to cancel the visit. If visit is cancel with out notice the client will have to pay for the scheduled visit.

If the other party cancels a scheduled visit both parties must agree to the visit being cancel and they must let SFGS know about the cancel visit. (This must be in a text to 509-599-4015 or email bkilotzwayne@comcast.net .) If the party cancels without the proper notices we will offer the client a declaration for the court violation.

We do understand that there are emergencies, Like the child my be sick. Or a breakdown of a vehicle Etc. When this happens you need to let us know ASAP! And if this reoccurs too many times you will be put on notice.

If other party cancel's due to COVID we must have a 10 day isolation and a negative test from all of the children and parent/caregiver that is living with the children before a visit can continue. This is required by the Spokane Health therefore there be no exceptions.

Make-up time : If a visit is missed and there is not a adequate reason for the visit to be missed , the clint will get make-up time on their next visit or a future visit.

I have read the above cancellation rules Name _____ Name _____

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Adults Involved in visitation: other Adults will be allowed to participate in visitation unless it is stated in the court order they can't.

Name of others that may come to the visit and relationship to child(ren):

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Emergency Contact:

Name, phone, relationship:

Marital status of parents: _____

What is each parent's relationship with the other?

How does each parent describe his/her relationship with the child(ren)?

Name of child & relationship

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Name of child & relationship

Name of child & relationship

If out-of-home care, what is each parent's relationship with the substitute caregiver (relative,

Is anyone prohibited from visiting with the child(ren), either with or without a no-contact order?

_____ If so, identify by name and relationship to child(ren) _____

Any topics about the other parent/caregiver or court should **NOT be discussed with the child**, or in the child's presence? Is there any other topic that should not be discussed if

so, identify: _____

Are there any **criminal issues or security concerns** that should be noted?

Identify: _____

Recent arrests within one year or convictions within the last five years:

If yes Date ___/___/___ and ___/___/___ and ___/___/___ and ___/___/___

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Provide copies of arrest record and all convictions.

Explain:

	Yes	No
<input checked="" type="checkbox"/> Threatened to abduct child?	___	___
<input checked="" type="checkbox"/> Weapons,	___	___
<input checked="" type="checkbox"/> Drugs	___	___
<input checked="" type="checkbox"/> Abuse	___	___
<input checked="" type="checkbox"/> Charges pending?	___	___

Explain:

Is there a history of or current allegations of **domestic violence**?

Yes Explain :

No:

Provide a copy of Danger Assessment screening for domestic violence.

TPO _____

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Is there a history of **Anger Management issues**?

Yes Explain:

No:

Does either parent have any **substance abuse issues** that could affect visits?

Yes Explain:

No:

Current treatment or directions from the court: Yes { } No { }

Does either parent have any **physical or mental health issues**, or any special needs that could affect visits and that R.T and SV program staff would need to be aware of prior to visits?

Yes Explain:

No:

Spokane Family Guidance Services

8703 N Wall St

Spokane WA 99218

Spokanefamilyservices.com

Are there any parental employment (work hours) or other considerations needed when scheduling visits? Explain

Occasionally we need to release records and information to other contacts. Do you give permission to release information to other contacts:

Yes or No : I (your name) _____ give my permission for SFGS to release notes , records and any other information that is needed to whom they feel information should be provided to.

Yes or No I (your name) _____ give my permission for SFGS to release notes , records and any other information that is needed to whom they feel information should be provided to.

SFGS has my permission (Your Name) ----- to receive any documents and/ or records of information about myself and/or the child(ren) .Name of child

Name _____ D.O.B _/ _/ _____ S.S.N _ _ _ / _ _ / _ _ _

Name _____ D.O.B _/ _/ _____ S.S.N _ _ _ / _ _ / _ _ _

Name _____ D.O.B _/ _/ _____ S.S.N _ _ _ / _ _ / _ _ _

Name _____ D.O.B _/ _/ _____ S.S.N _ _ _ / _ _ / _ _ _

SFGS has my permission (Your Name) ----- to receive any documents and/ or records of information about myself and/or the above child(ren) .