

Rooted Families

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INTAKE APPLICATION

(Please complete each section of this form to the best of your ability in English. If you need assistance in any other languages or if you are unable to complete the form for any reason, please contact us and we'll be more than happy to assist you.)

*****All contact information will remain confidential from the other party.*****

Date of Application: _____ Case#: _____

What type of visitation are you interested in (Select One):

Off-site visitation Monitored exchanges_ Monitored telephonic visitation_ Monitored Skype
Visitation

1. Name: _____

2. DOB: _____ Age: _____

3. Vehicle (Make, Model, Year, Color): _____
Tag #: _____

4. Address: _____
City: _____ Zip: _____

Phone Contact:

Home:	Cell/Other:
Work:	Emergency:

5. Place of Employment: _____
Position: _____
Work Schedule: _____

6. Who is responsible for the fees? _____

7. Referred by: _____
8. Beginning and ending dates of supervision: _____
9. Last court appearance? _____
10. Schedule recommended by the Court: _____
11. If you have an attorney, please provide contact information below:

Name	Address	Phone Number/Fax/Email

Other Parent's/Child (ren) Information:

12. Other Parent's Name: _____
13. Phone Number: _____
14. Address (if known): _____
15. Please indicate status of your relationship with your child (ren)'s other parent:
☐ Divorced ☐ Separate ☐ Paternity ☐ Domestic Violence
 Date of Marriage: _____ Date of Separation: _____
 Date filed for Divorce: _____ Date Divorced: _____
16. Child (ren) who are mentioned in the order for visitation:
 Name(s) Gender: DOB: School/ Daycare name/address/telephone:

Legal Information:

17. Do you have a Court Order for supervised/monitored exchange and/or telephonic/Skype visitation services? __YES __NO

(If YES, please provide a copy of the court order for supervised visits or monitored exchanges AND explain why services were court ordered.)

18. Is there a restraining order preventing you and your ex-spouse/partner from having contact with each other? ☐ Yes ☐ No

19. Have there ever been charges filed against you or your ex-spouse/partner for physical abuse? ☐ Yes ☐ No

20. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe:

21. Has CPS ever been involved with the family? When? What reason?

22. Has the Attorney General's office ever been involved? Explain.

Health Information:

23. Do you have any medical problems the staff should be aware of? ☐ Yes ☐ No

If yes, please specify:

Diagnosis/Disability: _____

Medication(s): _____

24. Does your child (ren) have any medical problems (including allergies) that the visiting parent or staff should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

25. Does your child (ren) have any special needs or disabilities that the visiting parent or staff should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

26. Substance use:

History of drinking alcoholic beverages: ☐ by you ☐ by ex-partner ☐ not applicable

History of using non-prescription drugs: ☐ by you ☐ by ex-partner ☐ not applicable

If yes, please state substance(s) of choice:

Please state how often these substance are used:

Do you believe that there is a problem with drugs or alcohol? (Circle One)

For you for your ex-spouse/partner

Treatment: _____ Length of sobriety: _____

Custody and Visitation Arrangements:

27. Who presently has legal custody of the child (ren)?

☐ Father ☐ Mother ☐ Joint ☐ Other _____ ☐ Not determined at this time

28. Who presently is the custodial parent or present has physical custody of the child (ren)?

☐ Father ☐ Mother ☐ Joint ☐ Other _____ ☐ Not determined at this time

29. If there are different custody arrangements for each child, please specify: _____

30. What is your understanding of the reason(s) why you were referred? _____

Language Needs:

31. If you are non-custodial parent being supervised visitation services and English is your second language, please complete the following:

a. Primary Language (s): _____

b. How would you best describe your command of the English language?

- ☐ No translation needed.
☐ I can get by without a bilingual staff person present.
☐ I prefer to have someone present who speaks my native language.
☐ I must have a bilingual staff at all times.

Additional Comments: _____

Signature: _____

Date: _____

Thank you for completing this intake application form