



Summit Families First, LLC

Initial Intake form to be completed by the person bringing the child or children to the facility for the visit.

Your Information

Name: _____

Address: _____

Telephone number: _____

Email: _____

Child(ren) information

Name	Date of birth
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Your relationship to child(ren): _____

Any known allergies of child(ren): _____

Any medical issues of the child(ren) that the staff needs to be aware of: _____

Do any of the child(ren) need assistance with use of bathroom or are currently in diapers?

Yes No

If Yes please explain assistance required and if staff or supervisee is to provide assistance: _____

Do any of the child(ren) have special needs: __Yes __No

If Yes please explain: _____

In the event that you cannot be reached please provide an emergency contact that can be contacted about the minor child(ren):

Name: _____

Telephone number: _____

Email: _____

Person to be supervised.

Name: _____

Address: _____

Telephone number: _____

Email: _____

Relationship to child(ren): _____

Reasons for supervision – please check all that apply:

- Alcohol addiction/concern
- Drug addiction/concern
- Mental health – provide diagnosis: _____
- Physical abuse of child(ren)
- Emotional abuse of child(ren)
- Neglect of child(ren)
- Domestic violence
- Risk of abduction/kidnap
- Lack of relationship or poor with child(ren)
- Parental alienation
- Unsubstantiated/undetermined accusations
- Other – please describe: _____

Visit Information

Please complete this section consistent with any existing court order, if your wishes depart from the court order, the order must be followed.

Please indicate preferred times that the minor child(ren) are available for visits. We will do our best to accommodate these preferences but often availability is limited and we will be in contact about the options closest to your preference.

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
9am-10am							
10am-11am							
11am-12pm							
12pm-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							

Are you responsible for paying for visits? If yes what percentage? _____

Length/duration of visit: _____

Frequency of visit: _____

If the visits may occur in a public location, please provide proposed locations: _____

May any third parties be present during supervision? If so, please state names of third parties who may participate: _____

May the child(ren) be provided with gifts during the visit? _____

May the photographs of the child(ren) be taken during the visit? _____

May videos of the child(ren) be taken during the visit? _____

Any other concerns that staff need to be aware of? _____

Case Information

Attorney name: _____

Attorney phone number: _____

Attorney email: _____

Guardian ad Litem name: _____

Guardian ad litem phone number: _____

Guardian ad Litem email: _____

Case number: _____

Please provide court order for visitation if any via email to summitfamiliesfirst@gmail.com.