



Summit Families First, LLC

Initial Intake form to be completed by the person who will be supervised.

Your Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

In the event that you cannot be reached please provide an emergency contact:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Child(ren) information

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

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 who is to provide assistance: \_\_\_\_\_

Do any of the child(ren) have special needs: \_\_ Yes \_\_ No

If Yes please explain: \_\_\_\_\_

### Visit Information

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: \_\_\_\_\_

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

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? \_\_\_\_\_

Please check all possible times that you are available for visits:

	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							

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](mailto:summitfamiliesfirst@gmail.com).**