



**SUPERVISED ACCESS PROGRAM - PARENT INTAKE**

Date \_\_\_\_\_ Residential Parent \_\_\_\_\_ Visiting Parent \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Birth date \_\_\_\_\_ Last 4 numbers of Social Security # \_\_\_\_\_

Emergency contact and phone # \_\_\_\_\_

Attorney \_\_\_\_\_

Child(ren)'s name(s) involved in Supervised Visits or Exchanges:

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_ Have you met with GAL? YES NO

All persons living in your home and their relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Your relationship to co-parent \_\_\_\_\_ Date of separation \_\_\_\_\_

Length of time you have known the co-parent \_\_\_\_\_

Has a Child Protection Order been issued? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has an Adult Protection Order been issued? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Child's therapist \_\_\_\_\_

313 South Ave, Suite 401, Springfield, MO 65806

T: [417-986-1898](tel:417-986-1898) • F: [417-823-9515](tel:417-823-9515) • E: [coralcounseling@gmail.com](mailto:coralcounseling@gmail.com) • W: [coralcounseling.com](http://coralcounseling.com)



Parent's therapist \_\_\_\_\_

Has Child Protective Services been involved with your family? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Please explain the involvement: \_\_\_\_\_

\_\_\_\_\_

Family Services worker \_\_\_\_\_ Phone # \_\_\_\_\_

Are there other court proceedings currently in progress? \_\_\_\_\_

Date of last visit between children and non-residential parent: \_\_\_\_\_

If more than one month, explain why: \_\_\_\_\_

\_\_\_\_\_

How often were previous visits or exchanges? \_\_\_\_\_

Where did the visits or exchanges occur? \_\_\_\_\_

Has the child(ren) witness physical or emotional abuse in the home? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you fear the child(ren) will be abducted? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you own a firearm? \_\_\_\_\_ Does your co-parent own a firearm? \_\_\_\_\_

Do you have a CCW? \_\_\_\_\_ Does your co-parent have a CCW? \_\_\_\_\_

Do you have a history of drug or alcohol abuse? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Does your co-parent have a history of drug or alcohol abuse? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Please state any involvement with police and give dates (example: arrests, misdemeanor charges): \_\_\_\_\_

\_\_\_\_\_

313 South Ave, Suite 401, Springfield, MO 65806

T: [417-986-1898](tel:417-986-1898) • F: [417-823-9515](tel:417-823-9515) • E: [coralcounseling@gmail.com](mailto:coralcounseling@gmail.com) • W: [coralcounseling.com](http://coralcounseling.com)



Have you ever been convicted of assault charges? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been diagnosed with a mental illness? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Doctor: \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Your car license numbers \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Why were supervised visits/exchanges ordered? \_\_\_\_\_

\_\_\_\_\_

Please describe the primary problem between you and your co-parent: \_\_\_\_\_

---

What can you do to resolve the problem? \_\_\_\_\_

\_\_\_\_\_

Are there any referrals or any information we can provide you? \_\_\_\_\_

\_\_\_\_\_

On a scale of 1 to 10 (10 is best) how would you rate your communication with your co-parent?

\_\_\_\_\_

Any other information or issues that are important: \_\_\_\_\_

\_\_\_\_\_

Would you be willing to answer questions about your experiences in the CCC Supervised

Visitation program at a later date? YES NO

\_\_\_\_\_

Signature of Parent

Date

313 South Ave, Suite 401, Springfield, MO 65806

T: [417-986-1898](tel:417-986-1898) • F: 417-823-9515 • E: [coralcounseling@gmail.com](mailto:coralcounseling@gmail.com) • W: [coralcounseling.com](http://coralcounseling.com)