# Family Resource Center of Gordon County

Family Resource Center
Supervised Visitation Center

Supervised Visitation Network
EDUCATE . COLLABORATE . ADVOCATE

## DFCS Intake Form

Date: _____ Person Completing Form: _____

**Child (ren) Information**

| | | | |
|---|---|---|---|
| Child's Name: | DOB: | Child's Name: | DOB: |
| Child's Name: | DOB: | Child's Name: | DOB: |
| Child's Name: | DOB: | Child's Name: | DOB: |
| Child's Name: | DOB: | Child's Name: | DOB: |
| Child's Name: | DOB: | Child's Name: | DOB: |
| Child's Name: | DOB: | Child's Name: | DOB: |

**Placement Type**

☐ **Relative/ Family Friend Name: _____**
☐ **Foster Home**

**Child's Health**

1. Does your child have any medical concerns that Family Resource Center staff should be aware of? ☒Yes ☐ No

Describe: _____

2. Does your child have any allergy concerns that Family Resource Center staff should be aware of? ☐Yes ☒ No

Describe: _____

3. Does your child have any challenges that they have been diagnosed with? ☐Yes ☐ No (eg: ADHD, Autism, Developmental Delays)

Describe: _____

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4. Does your child have any medications that they needs to be taken during their visitation time at Family Resource Center? ☐Yes ☐ No

Describe: _____

**(Note: Family Resource Center staff does not administer medication.)**

**Family Information**

| | |
|---|---|
| Mother's Name: | Father's Name: |
| Address: | Address: |
| Best Contact Number: | Best Contact Number: |
| Email Address: | Email Address: |
| Employer's Name: | Employer's Name: |

**Employment Status:** ☐ Employed Full-Time - Place of Employment: _____

☐ Employed Part-Time - Place of Employment: _____

☐ Homemaker ☐ Disabled

☐ Unemployed (looking) ☐ Unemployed (not looking)

☐ Student – School Name: _____

**Vehicle**

Model_____ Year_____ Color_____

License Plate_____ Driver's License# _____

******The Family Resource Center must be notified of any suspension or revocation of Driver's License

**Reason(s) DFCS have required you to utilize Family Resource Center Visitation Center (check all that apply):**

☐Criminal court order
☐Substance Abuse
☐Child Neglect
☐Domestic Violence
☐Sexual Assault
☐Family court order
☐Child Abuse
☐Divorce pending
☐Mental Health issues
☐Other: _____

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Is this the first time the family has been involved with DFCS? Yes No

If no, briefly describe previous history with DFCS:

_____

_____

**Other Services Currently Involved In:**

Probation/Parole Mental Health/Counseling Support Groups DFCS Dom Viol

Other (ex: parent aide) _____

Has parent attended parenting classes? Yes, where _____ No

**Health**

1. Do you have any medical concerns that Family Resource Center staff should be aware of?

   Yes No

Describe: _____

2. Do you have any allergy concerns that Family Resource Center staff should be aware of?

   Yes No

Describe: _____

**Treatment History:**

Does the family have a history of drug/alcohol abuse? Yes No

If yes, specify who the user is and type of addiction:

_____

Is parent currently abusing drugs/alcohol? Yes No If so, Type: _____

Is parent currently in treatment or previously received services for drug/alcohol issues?

Yes No If yes, where? _____ How long ago? _____

Does the parent have a history of mental illness? Yes No If yes, type: _____

Is the parent currently taking or previously taken medications for mental illness? Yes No

If yes, list medications and if currently on or previously taken:

_____

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Have your or your child been a victim to of: ☐child abuse ☐dating violence ☐sexual assault
Have you ever been convicted of, or are you currently under investigation for a sexual offense? ☐ Yes or ☐ No

**Relational History:**

Are you currently married? ☐ Yes ☐ No Spouses Name: _____

Are you currently living with someone? ◯ Yes ◯ No Name: _____

May we leave a message with this person? ◯ Yes ◯ No

How many times have you been married? _____

Have you ever been involved in an abusive relationship? ◯ Yes ◯ No

With who? _____ for how long _____ What did you do about it?

_____

Were your parents abusive to each other? ◯ Yes ◯ No

How many siblings do you have? ____Brothers ___Sisters

How far did you go in school? _____

If you did not graduate high school, why not? _____

Who do you turn to when you need help and support? _____

How many children do you have?

What type of discipline do you use with your children? _____

What type of discipline did your parents use with you? _____

Are there any other issues Family Resource Center Visitation Center should be aware of?

_____
_____
_____

# Family Resource Center of Gordon County

What are your family strengths?

_____

_____

_____

What is an area your family needs to work on?

_____

_____

_____

What does your family like to do for fun?

_____

_____

_____

What are your immediate goals in working with Family Resource Center Visitation Center?

_____

_____

_____

## Emergency Contact

Visiting parent please provide an emergency contact person.

Name: _____ Phone: _____

Relationship to visiting parent: _____

Name: _____ Phone: _____

Relationship to visiting parent: _____

**I authorize the emergency contact to be called if Family Resource Center staff considers it necessary. In return for my use of the services at Family Resource Center, I release Family Resource Center staff from all claims and I assume all risk for claims which may arise as a result of acts or omissions by my emergency contact persons.**

**Family Resource Center will call 911 for any emergency situations. Information may be released from my file for their needs to supply me with emergency care and contacts. Family Resource Center and its programs are not responsible for costs of transportation, doctors, hospital or urgent care costs. I release Family Resource Center for any responsibility of care due to medical emergency at any time.**