Intake Form
For Clients of Supervised Visitation

Provide the following 8 items for the Intake Appointment:

1. Copy of Court Order or written instructions for supervised visitation
2. Copies of Police Reports within the past 12 months, TPO, Violence, Abuse, Drugs, Alcohol, Weapons
3. Copies of Arrest or Convictions Records within the past 12 months
4. Copy of Driver's License, Current Car Insurance Card, Car Tag number, copy of Registration
5. Completed Intake Form. Keep a copy for yourself
6. Photo of children
7. Fee for Intake: $75 per person
8. Fee for First Visitation: Based on contract agreement

Complete all lines on Intake Form. Email items 1-7 to PFR

Georgia Preferred Family Resource

Georgia Clients : Email all forms to GAPFRC@gmail.com

or

Carolina Preferred Family Resource

Carolina Clients : Email all forms to SC.PFRC@gmail.com

Client Information: PRINT ONLY

Name: **Date:**
Address:
Phone:
Email:
Birthday:
Driver's License Number: **TAG #:**
Current Car Insurance Name and policy Number:

SV Fee agreement:

Please pay now for intake and upcoming SV

_____

SV Fee: _____

Intake Fee: _____ Visitation Date/Time: _____

Paypal Email Address:

_____

Future payments will be invoiced from PayPal. Payments are due 7 days in advance. There is a handling fee. Service begins immediately after transaction. No refunds. Rescheduling is available always.

Client Initials _____ Name:_____

Former/Current Spouse or Parent of Children:

Name:

_____

Address:

_____

Phone:

_____

Email Address:

_____

Child Information (complete for each child)

• Child's Name:
_____

• Date of Birth: _____ age:_____
• Gender _____ Special Needs:_____ Provide Photo:_____ Allergies:_____

Child's Name:
_____

• Date of Birth: _____ age:_____
• Gender: _____ Special Need:_____ Provide Photo:_____ Allergies:_____

Add Additional children

Attorney Information

Name:
Address:
Phone:
*Email:

Guardian Ad Litem

Name:
Address:
Phone:
*Email:

Judge Information

Name:
County:

ADDITIONAL INFORMATION:

- □ Do the child(ren) have any physical challenges, developmental delays, areas of concern, medications, or special needs?
- □ Allergies?
- □ Name of medications taken:

Custodial parent must provide all medicine or special needs PRIOR to visitation. We will not administer any medication nor allow visiting parent to administer medication during services.

- □ Yes, I understand and will abide: Client initial: _____

Does the child(ren) have any emotional or mental health issues?

_____

What is the grade level of the child(ren)? Are there any school problems or school-related behavioral concerns?

_____

Is the child(ren) currently involved with a therapist or in a therapeutic program?

Contact information: Name: _____ Email: _____ Phone: _____

Scheduling the Supervised Visitation

Visitation Instructions:

- □ Onsite: Initial Location

  _____
  _____
  _____

Date of first supervised visitation: _____,
_____

Visitation schedule (weekly, monthly, other) and duration (e.g., 90 minutes, etc.)
Restate the exact verbiage from the official paperwork:

Adults Involved in visitation:

- □ No other Adults/children will be allowed to participate in visitation unless all parties agree, or it is stated in the court order.
- □ Name and relationship to child(ren):

Emergency Contact: In the event there is an accident or concern, other than yourself, who do you give permission to assist with emergency:

Name

Phone

Relationship

Information Gathering:

- □ No recordings or photography of monitors during any event, appointment or service. This will be considered illegal recordings against our policies.
- □ No Spyware or tracking.
- □ No Weapons are allowed at any event, appointment or service.

- □ Are there any criminal issues or security concerns for yourself or other parent?

- □ Do you carry a weapon? Explain:
- □ Provide copy of permit:
- □ Pending arrests or conviction: Explain:
- □ Threatened to abduct child? __
- □ Weapons, ____
- □ Drugs, ____
- □ Abuse ____
- □ Sex Abuse_____
- □ Charges pending? _____
- □ Explain: (Accusations also)

Is there a history of or current allegations of Domestic violence?
Explain:
Is there a history of Anger Management issues?

- □ Copy of Completion of Anger Management course?
- □ Current Therapist: Name: Email:

- □ Does either parent have any substance abuse issues that could affect visits?
- □ Current or past treatment facility or treatment plan. What are the instructions or directions from the court order?

- □ Does either parent have any physical or mental health issues, or special needs that could affect visits and that SV program staff would need to be aware of prior to visits?
- □ Name of medication taken: (currently or in the past 12 months)
- □ Occasionally we need to release records and information to official contact, GAL, attorney, judges, police or emergency personnel?
- □ We also provide court officials with Original Observational Reports. Attached are photos or videos in the Legal Reports.

- □ Observational Reports are $40.00. Both Parents are required to pay for their own reports.
- □ Does each parent have access to or need information about available community resources?

Resources Available

PFR would like to offer our services. Are you interested in receiving resources?

Parenting Class_____ Divorce Care Class _____Parent coaching _____
Safe Exchange _____

Our staff is sensitive to the diverse racial, ethnic, religious, and cultural influences that families bring to the program. What other concerns do you have about Supervised Visitation?

In the Event of inclement weather, we follow all county school closings:(check your county school district site)

Check TV for business/school closings. Call Executive Director for confirmation. If schools are closed- So are we!

Observers remain neutral and do not diagnose or recommend future visitation arrangements unless there has been an infraction resulting in termination of service. Monitors will not report opinions or make assumptions. Monitors will report facts of events and activities. PFR is held harmless in any accidents or negative results during appointments or service.
Preferred Family Resource
Please provide $40 in advance for Observation Reports to GAPFRC@gmail.com or SC.PFRC@gmail.com

Specific Policies and Procedures.

These rules apply during any service rendered or appointment.

Failure to comply may cause immediate termination and/or actions will be reported to court officials. If termination is necessary observer will make notes within observational report, call PFR, and/or contact law enforcement for assistance to clear the area.

1.0 Administrative, Scheduling, and Payment

- 1.1 I understand the results of noncompliance of these rules can be termination of visit and loss of payments**.**

- **1.2 Termination procedure: Monitors will offer warning of infraction which may result in immediate termination. OR 3 Warnings of minor infractions during a visit will result in immediate termination. Custodial parent will come retrieve child and monitor. Police may be called for assistance. There is a loss of payment. NO refund.**

- 1.3 All personal information will remain confidential. There should never be an exchange or request for address, phone numbers, locations, or names from parents or children during any service or appointment.

- 1.4 Services and appointments are restricted to the agreed location for duration no exceptions will be made.

- 1.5 All fees are paid in advance. **PAYPAL INVOICE WILL BE EMAILED TO YOUR EMAIL.** Advance payment is at least 7 days prior to SV date. PFR will NOT hold a date unless payment has been received. A late fee may be charged after 7 days in advance of SV. There is a processing fee for invoicing. The minimum visit is 4 hours. The maximum visit is 10 hours. There are NO overnight visits. Visiting parent must text and request each visit receiving a confirmation that visit will occur. If there is no communication the visit will be canceled, and loss of payment shall occur. Visiting parent is required to contact custodial parent in advance of visiting dates to confirm visits (unless there is a TPO).

- 1.6 Advance payment is required for all services: Intake Interviews, Reports, Services; SV, SE, PPP, DC,PE, Court Testimony, legal fees and other.

- 1.7 Cancellations are only allowed because of illness. Doctor's note is accepted for a rescheduled visit. No refund is allowed. If there is no doctor's note the custodial

parent will be responsible for the fee of the missed visit. No refunds. We will reschedule your date.

- □ 1.8 Participants shall always provide correct contact information for each appointment or service.

Communication is primarily texting. Everyone must return a text immediately or as soon as possible. Communication is essential to accuracy of services.

- □ 1.9 Off-Site visitations may incur more flexible guidelines. These will be agreed prior to appointment or visit. These written policies are considered default guidelines. Visiting parent is required to provide an agenda for the visit within 24 hours of SV. This is not shared with others. No stalking or compromising a visit.

- □ 1.10 Supervised Visitation is for parties that are mentioned in the court order. Typically, non-custodial parent and children Only. NO VISTIORS ALLOWED.

- □ 1.11 Monitor may modify or change rules and guidelines to accommodate successful visits. Participants must cooperate with procedures stated by the monitor or visits may be cancelled. Infractions are reported to court officials.

2.0 **Preparation for Visit**

- □ 2.1 Participants are NOT allowed to bring gifts/toys or other items unless it has been agreed upon with all parties. (Birthdays are the exception).

- □ 2.2 Participants are NOT allowed to bring sick children to visitations; fever of 100, diarrhea, vomiting, unexplained or contagious rash. Parents should be free of contagious conditions. All must be symptom free for 24 hours or taken medicine for 24 hours. Must have Doctor's note to reschedule a visit. NO REFUNDS. If custodial parent does not provide a doctor note they are responsible of payment for missed visit.

- □ 2.3 Custodial parent/caregiver have the option to administer medication prior to scheduled times. Medication is NOT allowed to be administered during visitations.

- □ 2.4 Participants shall NOT use drugs or alcohol prior to or during visitation. Suspicion of narcotics/alcohol use will be noted in observation reports or result in termination of visit. No refunds will occur.

- □ 2.5 Participants are NOT allowed to bring unhealthy food, drinks or candy. All foods must be individually wrapped and/or sealed.

- □ 2.6 Participants can bring food, snacks or drinks when given permission by monitor; Picnic, Healthy snacks and meals are acceptable. Custodial parents need to make all aware of children allergies, likes and dislikes.

- □ 2.7 Visiting Parent must provide an agenda for OFF site visits/parks 24 hours in advance. Agenda must be approved by Executive, security staff, or monitor. Non-approved sites: swimming pool, carnival rides, roller skating, any activities that monitors cannot hear or see visiting parent or child.

- □ **2.8 Monitors may text you 24 hours in advance to introduce themselves and confirm visitation instructions. Please answer text as soon as possible. Monitors may text you before the planned visitation "On my Way". Please answer text. Text the monitor is you are running late. If they do not receive texts, we may cancel the supervised visitation.**

- □ 2.9 Executive Director or Administration may also provide permission to change or adapt any instructions for supervised visitation.

3.0 <u>Child Exchange Before and After Visitation</u>

- □ 3.1 Participants shall NOT approach another person's vehicle. Do NOT retrieve or return children to another's vehicle. **<u>Stay in your car</u>** unless you have received permission from monitor. **We respect all TPO's.**

- □ 3.2 Participants shall NOT exchange words, verbal, or nonverbal gestures.

- □ 3.3 If custodial parent fails to pick children at scheduled time, observers will wait 10 minutes before calling police or assistance. Late fees will be charged at two dollars per minute. Party must pay fine before next visit can be scheduled. Custodial parent must provide written permission each time another adult is given permission to pick up children. This person must present their driver's license to monitor. Stay in communication with monitor to avoid confusion. Text your monitor.

4.0 <u>During Visitation</u>

- □ 4.1 Participants are expected to pay for monitor's items during visitation such as entry to parks or other additional fees.

- □ 4.2 Do not photograph, record or tape any PFR events or activity. This will be considered illegal recording and we will prosecute offenders.

- □ 4.3 Participants are required to surrender car keys during visits. Especially during Off-Site visits. Please offer your keys to observer. Do not make the observer ask for your keys.

- □ 4.4 Participants shall NOT use cell phones or cameras (leave in your car).

- □ 4.5 Participants shall NOT smoke or use inappropriate language.

- □ 4.6 Participants are NOT allowed to be alone with children. Observer will support bathroom needs or other situations.

- □ 4.7 Participants shall NOT engage observer or staff members in conversations regarding legal issues, court orders, or discussing other parent. <u>Staff will always remain neutral.</u>

- □ 4.8 Participants shall NOT discuss inappropriate topics with children such as: living situations and people at home, abuse allegations of any type.

- □ 4.9 If child becomes stressed, uncomfortable, or inconsolable the visitation may end before scheduled time. Monitors will provide comfort and support before contacting parent.

- □ 4.10 Do not display inappropriate behavior such as; forcing unwanted affection on children, displaying hostility or negative actions towards children or monitors. Do not discuss adult topics with children. Monitor may interrupt and issue a Warning. Three warning of minor infractions the visit may result in termination.

- □ 4.11 Participants are NOT allowed to use corporal punishment. No spanking, hitting, pinching to correct behavior. No inappropriate touches, fondling or suspicious physical contact.

- □ 4.12 Participants are NOT allowed to speak in a foreign language. NO whispering. NO passing notes or cards unless openly shown to observer for approval.

- □ 4.13 Observers will wait 10 minutes for the non-custodial parent to arrive. Visitation will be cancelled after waiting for 10 minutes without communication. Please keep in touch with your monitor. No refunds

5.0 <u>Acknowledgement of Aforesaid Policies</u>

- □ I have read and understand policies and procedures. I agree and will abide by all stated, written, and discussed policy, procedures, rules and guidelines.
- □ I accept the rules of this contract. I will give at least seven-day notice if Supervised Visitation is no longer required or lose advance fee. Please acknowledge contract:

Client name: PRINT:
_____

Client Sign: _____
E-sign is accepted_____

PFR Intake Monitor Sign: _____
Date: _____
_____

Observers remain neutral and do not diagnose or recommend future visitation arrangements unless there has been an infraction resulting in termination of service. Monitors will not report opinions or make assumptions. Monitors will report facts of events and activities. GAPFR is held harmless in any accidents or negative results during appointments or service.

Preferred Family Resource
Please provide $40 in advance for Observation Reports to GAPFRC@gmail.com orSC.PFRC@gmail.com

PREFERRED FAMILY RESOURCE
PFR
Est 1990
HONESTY
NEUTRALITY
INTEGRITY

PREFERRED FAMILY RESOURCE
Checklist

Parents Bring

- **Sunscreen**
- **Tissues**
- **2-5 paper towels**
- **Dry wash cloth**
- **Bottled water**
- **Liquid or foam soap**
- **Hand sanitizer**
- **Safety gloves 2-5**
- **Disinfecting Wipes 5 or more**
- **2-5 face masks**
- **Small can of disinfecting or Lysol spray**
- **Small trash bag to discard items.**

Monitors Checklist for Supervised Visitation

- **Monitor places disinfected keys in zip lock bag.**
- **Monitor wallet: Driver's License. Insurance card. Registration. Business card. Emergency Contact. Money.**
- **Monitor's Keys Disinfected**
- **First Aid Kit (small)**
- **Phone**
- **Phone charger**
- **Water and Snack or Lunch**
- **Extra items: small notebook and pen. Sunglasses. Medication. Personal Safety items**

Parent Signature: _____

Preferred Family Resource
SAFETY PLAN

PARENT: _____ CHILD: _____

I agree to abide by all procedures and rules of Preferred Family Resource.

I report that we have not been in contact with anyone that has been infected by a contagious illness within 14 days. (all contagious viruses or illnesses)

We will abide by government regulations in regard to health and safety. This is a legal agreement between parents/guardians/noncustodial parents and Preferred Family Resource. Please be advised, failure to comply could result in being discharged from our company.

Sign: Guardian/Parent/Noncustodial Parent:

_____

Email signature is accepted