



FAMILY FOCUS INSTITUTE, LLC

1104 Main Street, Suite #550, Vancouver, WA 98660

360-909-7041 • FamilyFocusInstitute@gmail.com

Intake: Visitation Information

Date _____

Your Attorney: _____

Name of the other Parent (or Guardian): _____

Parent's Personal Information: Circle One: Custodial Parent Non-Custodial Parent

Parent/Guardian full name: _____ DOB: _____

Relationship to Child(ren): _____

Home Address: _____ City/ State/ Zip Code: _____

Primary Email: _____ Cell Ph: _____

Home LAND line: _____ Work #: _____ Other #: _____

Occupation: _____ Employer: _____

Current Marital Status to other parent in this matter: Separated? (Y) (N) since _____. Divorced? (Y) (N) date _____

Remarried? (Y) (N) Spouse's Name: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Is there a **current Court-Ordered** Child Sharing Plan? (Y) (N) Case # _____

Is there a **current** Restraining Order in this matter? (Y) (N) Case# _____. Is one Pending? (Y) (N)

Is there a **current** Criminal Protective Order in this matter? (Y) (N) Case # _____. Is one Pending? (Y) (N)

Is there an **OPEN** Child Protective Services (CPS) case in this matter? (Y) (N). In what County? _____

Please Note that a COPY OF THE CURRENT COURT ORDER MUST BE RETURNED with your form to start visits.

Please describe any significant physical, health, or behavioral conditions of any child who will participate in visits, and any accommodations needed as a result. Please identify if any child has specific food or other (i.e., insect bite) allergies. Please identify all medications that may need to be given to any child during the course of a visit.

Do you have specific concerns about the other parent in regards to the visitation process? If yes, please describe:

Parent/Guardian full name: _____

Please identify any limitations on activities, visitation locations, or individuals that may not be present at the visit.

Please provide Family Focus LLC, with any other information you feel is important to the visitation process:

The child(ren) you share with the other parent in this matter are:

1) Child's Name: _____ Age: _____ Sex: (F) (M)

Date of Birth _____ School: _____ Grade: _____

Temperament/Disposition: _____

2) Child's Name: _____ Age: _____ Sex: (F) (M)

Date of Birth _____ School: _____ Grade: _____

Temperament/Disposition: _____

3) Child's Name: _____ Age: _____ Sex: (F) (M)

Date of Birth _____ School: _____ Grade: _____

Temperament/Disposition: _____

Contact information for the other parent (if available to you):

Name: _____

Mailing address: _____

E-Mail Address: _____

Cell Phone: _____ Other Ph # _____

I hereby certify that the information provided above is true and correct, to the best of my knowledge.

Parent's Signature _____ Date: _____

Parent/Guardian full name: _____

THIS FORM ONLY TO BE FILLED OUT BY THE CUSTODIAL PARENT ONLY:

Authorization for Care and Services

1) Child's Name: _____ Date of Birth: _____

2) Child's Name: _____ Date of Birth: _____

3) Child's Name: _____ Date of Birth: _____

4) Child's Name: _____ Date of Birth: _____

I, _____, am the legally recognized custodial parent/guardian of the above-named child(ren). I authorize Family Focus Institute, LLC to act on my behalf and with my authority immediately preceding, during, and following supervised visits with the other parent of the aforementioned children.

Custodial Parent's Signature: _____ Date: _____

Medical Release

As custodial parent of the above named child(ren), I authorize the named supervisor(s) to secure Emergency Medical assistance and care as deemed necessary and appropriate by a licensed medical doctor for my child.

Emergency Contact – Other than parent: _____

Phone: _____ Cell Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Hospital of Choice: _____

Health Insurance Carrier: _____ Group #: _____

Policy #: _____ Subscriber Name: _____

Custodial Parent's Signature _____ Date: _____

Submit form by clicking this button when form is complete: