

**INTAKE FORM FOR SERVICES OTHER THAN COUNSELING**

Name: \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Level of Education: \_\_\_\_\_ High School \_\_\_\_\_ Assoc. \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Above

**If applicable:**

Marital Status: \_\_\_\_\_ Length of Marriage: \_\_\_\_\_ Length of Separation: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_ Number of Divorces: \_\_\_\_\_

Custody Arrangements: Sole: \_\_\_\_\_ Joint: \_\_\_\_\_ Legal: \_\_\_\_\_ Physical: \_\_\_\_\_

Children's Living Arrangements with Father: \_\_\_\_\_

Children's Living Arrangements with Mother: \_\_\_\_\_

Children's Summer Schedule: \_\_\_\_\_

Other: \_\_\_\_\_

Other Adults Living in your home: \_\_\_\_\_

**Children/Stepchildren:**

Name	Age	Grade/School	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Guardian Ad Litem: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Presiding Judge: \_\_\_\_\_ County: \_\_\_\_\_

Referred by: \_\_\_\_\_

Concerns Unique to Your Family: \_\_\_\_\_

\_\_\_\_\_

List of Current Medication: Self and Children: \_\_\_\_\_

\_\_\_\_\_