



Asante Visitation Center, 2210 E. Highland Ave. Suite 101, San Bernardino CA 92404

**Intake Form**

Court Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Today's Date:	
Case Name/Mother's Name:		DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
SS#:	Ethnicity:	Primary Language:	Tel.#:
Address:		City:	CA Zip:
Referring Agency: <input type="checkbox"/> DCS <input type="checkbox"/> Family Law <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____			
Name of Agency:			
Address:		City:	CA Zip:
Name of Contact Person:			
Tel.#:	Fax#:	Email address:	

TYPE OF VISIT			
<input type="checkbox"/> Phone monitoring	<input type="checkbox"/> Pick-up/Drop off exchange	<input type="checkbox"/> Semi monitored visit	<input type="checkbox"/> Supervised visit <input type="checkbox"/> other

WHO IS RESPONSIBLE FOR PAYMENT?			
<input type="checkbox"/> DCS	<input type="checkbox"/> Family Law	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> Grant
Payment Method:	<input type="checkbox"/> Invoice/PO	<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Grant <input type="checkbox"/> Other
Person/Agency Responsible for Payment:			DOB:
SS#/Contract Agency Tax ID#:			ID#:
Address:		City:	CA Zip:
Name of Contact Person:			
Tel.#:	Fax#:	Email address:	

CUSTODIAL PARENT/PRIMARY CARETAKER INFORMATION			
Custodial Parent/Primary Caretaker's Name:			DOB:
Address:		City:	CA Zip:
Phone #:	SS#:		ID#:
Ethnicity:	Marital Status:		Primary Language:
ID Copy on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			

NON CUSTODIAL PARENT/SECONDARY CARETAKER INFORMATION			
Non Custodial Parent/Secondary Caretaker's Name:			DOB:
Address:		City:	CA Zip:
Phone #:	SS#:		ID#:
Ethnicity:	Marital Status:		Primary Language:
ID Copy on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			



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<b>APPROVED VISITATION PARTICIPANTS (Provide copies of protective order, current order or Judicial Council form related to a supervised visitation order)</b>			
<b>Name of Participant</b>	<b>DOB</b>	<b>Gender</b>	<b>Relationship to Mother/Case Name</b>
1.		<input type="checkbox"/> M <input type="checkbox"/> F	
2.		<input type="checkbox"/> M <input type="checkbox"/> F	
3.		<input type="checkbox"/> M <input type="checkbox"/> F	
4.		<input type="checkbox"/> M <input type="checkbox"/> F	
5.		<input type="checkbox"/> M <input type="checkbox"/> F	

<b>PERSONS Not ALLOWED TO VISIT WITH CHILDREN (Provide copies of protective order, current order or Judicial Council form related to a supervised visitation order)</b>			
<b>Name of Participant</b>	<b>DOB</b>	<b>Gender</b>	<b>Relationship to Mother/Case Name</b>
1.		<input type="checkbox"/> M <input type="checkbox"/> F	
2.		<input type="checkbox"/> M <input type="checkbox"/> F	
3.		<input type="checkbox"/> M <input type="checkbox"/> F	

<b>EMERGENCY CONTACT</b>		
<b>Name</b>	<b>Phone Number</b>	<b>Relationship to Mother/Case Name</b>
1.		
2.		
3.		

<b>DESCRIBE AND PROVIDE INFORMATION ABOUT CHILD(REN)'S CHRONIC HEALTH CONDITION OR HEALTH NEEDS</b>



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<b>REASONS FOR REQUIRING A SUPERVISED VISIT</b>
<input type="checkbox"/> Neglect <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/> Other _____
<b>Explain:</b>

<b>PHOTO AND AUTO INFORMATION</b>			
<input type="checkbox"/> Photo of participants on file <input type="checkbox"/> Photo of participants not on file. Explain:			
Drivers	Auto Make and Model	Plate License	Color

<b>SPECIAL INSTRUCTIONS FOR THE INTAKE COORDINATOR</b>	
<input type="checkbox"/> Asante's form 1111 (Visitation Family Ground Rules) was signed by customer and a copy put in customer case file on _____.	
<input type="checkbox"/> Asante's form 1112 - <b>Visitation Plan</b> . A Visitation Specialist will complete a copy of this form every time there is any contact with customers and a copy put in file.	
<input type="checkbox"/> Asante's form 1114 - <b>Incident Report</b>	
<input type="checkbox"/> Asante's form 1115 - <b>Security Procedures and Emergency Protocol</b> .	
<input type="checkbox"/> Other: Explain:	
Customer Signature:	Date:
Intake Coordinator Signature:	Date: