

Family Matters Exchange and Visitation Center  
1300 West Muhammad Ali Blvd Ste 202  
502-471-8110 familymatterscontact@gmail.com

## **INTAKE INTERVIEW INFORMATION**

Family Matters provides a neutral and safe environment for children to spend quality time with their parents. We strive to treat all parties equally with respect and privacy, always considering what is in the best interest of the children.

Attached is our application for services. Please take the time to complete the attached paper work as fully and accurately as you can. The information helps us better understand your family, situation and children's needs. Please know that personal, identifying information is kept in the strictest confidence. If you have special circumstances or requests, this form and the intake interview is your opportunity to make it known.

Your cooperation is greatly appreciated. Our primary concern is your children. We believe children have a right to a safe and healthy relationship with their parents. We strive to always provide such an environment. After completion of this paperwork, a staff person will contact you to answer any questions you may have and set up your intake interview. Each family is required to do a brief intake interview/orientation with our director or owner. This is an opportunity to share your story, concerns and parenting needs, to learn exactly how our program works, and to orient you to your rights and responsibilities within the program. Be sure to bring any court documents or relevant paperwork with you.

We are excited that you have chosen FAMILY MATTERS, where we are child-centered and family- focused. We look forward to serving you.

**Preliminary  
Questions:**

**1. When was the date of the last contact with the child(ren)?**

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**2. What is the understanding of the reasons why you were referred to Family Matters?  
(check all that apply)**

Allegations, threats or history of violence/stalking Alcohol or Substance Abuse History

Child Abuse Allegations Neglect/Threatening

Sexual Abuse Allegations Inconsistent/Unreliable Person or Place

Lack of Access/Alienation of the child(ren) Poor Parenting Skills

Abduction Risk (threatened or attempted) Homelessness or Displaced Family

Other:

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**3. Is the child(ren) aware of the court order and why they are coming to Family Matters?**

Yes No

**4. What do you anticipate the child(ren)'s response to coming to Family Matters? (happy, sad, scared, angry, shy, etc.)**

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**5. What can we do to make this a good experience for them?**

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**Custodial Party: Please review with your children the handout “How to Prepare your Children for Visitation”**

# **INTAKE APPLICATION FOR SERVICES**

## **Your Information**

**Full Name:**

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**Preferred Name:**

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**Address:**

\_\_\_\_\_ **City:** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**\*\*Cellphone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Email:**

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**Attorney:**

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**Your Social Security #**

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What is your relation to the child(ren)?

\_\_\_\_\_

## Child(ren)'s Demographics

• Child's Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

\_\_\_\_\_

Name child prefers to be called:

\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

• Child's Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

\_\_\_\_\_

Name child prefers to be called:

\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

• Child's Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

\_\_\_\_\_

Name child prefers to be called:

\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

• **Child's Full Name:** \_\_\_\_\_ **Current Age:**  
\_\_\_\_\_

**Name child prefers to be called:**  
\_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Who does the child(ren) currently live with?**  
\_\_\_\_\_  
\_\_\_\_\_

**What is their relation to the child? (Check as many as apply)**

Mother Father Grandparent Other Family Member Foster Parent

Legal  
Guardian/Custodian

**If this person someone other than you or a parent, please list their name(s) and phone number here:**

**Name:** \_\_\_\_\_ **Phone:**  
\_\_\_\_\_

## **Parental Demographics**

**1st Parent or Mother's full name:**  
\_\_\_\_\_  
\_\_\_\_\_

**1st Parent or Mother's  
address:**

\_\_\_\_\_

\_\_\_\_\_

**1st Parent or Mother's best numbers:** \_\_\_\_\_

\_\_\_\_\_

**1st Parent or Mother's  
Email:** \_\_\_\_\_

**1st Parent or Mother's Attorney:**

\_\_\_\_\_

**Social Security**

**#:** \_\_\_\_\_

**2nd Parent or Father's full  
name:**

\_\_\_\_\_

\_\_\_\_\_

**2nd Parent or Father's  
address:**

\_\_\_\_\_

\_\_\_\_\_

**2nd Parent or Father's best numbers:** \_\_\_\_\_

\_\_\_\_\_

**2nd Parent or Father's email:**

\_\_\_\_\_

**2nd Parent or Father's Attorney:**

\_\_\_\_\_

**Social Security**

**#:** \_\_\_\_\_

**Court and Case**

**Info:**

**Family Court Division:** \_\_\_\_\_ **Family Court Case Number:**

\_\_\_\_\_

**Judge:**

\_\_\_\_\_

**Child's Attorney/GAL:**

\_\_\_\_\_

**Worker's Name:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Worker's Agency (check  
one):**

Child Protective Services (CPS) Family Court KIPDA other agency

**Services  
Needed:**

1-on-1 Supervised Visitation Monitored Visitation Facilitated Child Exchanges



**Has the family ever used a supervised visitation or exchange center in the past?**

Yes No

**If so, where and when?**

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**How did you hear about our center?**

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**Is there a court order for visitation or exchanges?**

Yes No

**If no court order, is already an agreement on set schedule?**

Yes No

## **Safety Concerns:**

**Is there a history of violence?**

Yes No

**If so, when was last incident:**

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**Is there an active or expired DVO (long term)?**

Yes No

**Effective Dates:**

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**Is there an active or expired EPO (short term)?**

Yes No

**Effective Dates:**

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**Is there any “no contact” order?**

Yes No

**Effective Dates:**

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**Has violence been threatened?**

Yes No

**Has violence been attempted?**

Yes No

**If there is a court order or agreement regarding visits and exchanges, what is it? Be specific.**

**Please list any special needs or requests your family may have:**

**A. Does the child have a history of mental illness?**

Yes No

**B. Does the child have a history of substance abuse?**

Yes No

**C. Does either parent have a history of mental health diagnosis?**

Yes No

**D. Does either parent have a history of substance abuse?**

Yes No

**How soon would you like services to start:**

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**Concerns/Suggestions:**

Every family is different. We understand that and take an individualized approach to serving our families. If there are things the child(ren) would like or need at the center (crafts, games, special toy, etc), please do not hesitate to let us know. We also are available to let the child(ren) tour the center before the first visit or exchange to help with the transition. We also offer other services, such as parenting classes, Parents' Day out activities, programming and classes for kids and room rentals for small birthday parties and other events during hours the Visitation and Exchange Center is closed. Be sure to ask for more info or check the website [www.familymattersky.org](http://www.familymattersky.org).

If you have any suggestions or concerns you would wish to share, please do so here:

By signing, I agree to participate in supervised visitation which includes following policies and rules

to create a safe environment for parent-child interaction. I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my dismissal as a client if discovered after services begins. I further understand the court will be notified of this dismissal and that this may affect the visitation or custody of my children. Lastly, I understand Family Matters is an independent agency and can make no promises or guarantees relating to visitation, exchanges or court matters.

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**Printed Name Phone Number**

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**Signature**

**Best Time to Reach**

**You** \_\_\_\_\_

**Today's Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_