

Intake Form

revised 04/2016

___ EXCHANGE

___ MONITORED

___ SUPERVISED

Case Number: _____

I, _____ (Print Name) the CUSTODIAL / NON- CUSTODIAL (circle one) party; do hereby agree to abide by the rules and policies of Children's Rights Collaborative of Northwest Ohio (CRCNWO). I will drop off and pick up my child (ren) on time and will be courteous to staff. I will leave the premises promptly after my portion of the exchange. I also agree to any other rules set forth by CRCNWO.

Signed: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: Best Number _____ Alternate Number: _____

Email address: _____

Race: _____ Birth Date: ___/___/___ Soc. Sec. #: xxx-xx-_____

For each child:

First and last name, age, and birth date: _____

Your relationship to Child (ren): _____

Your attorney's Name: _____ Guardian Ad Litem: _____

Court Counselor: _____ CASA or CSB caseworker: _____

Has there been any domestic violence, evidenced by a police report or Protection Order? Please circle: YES NO

Emergency Contacts:

1. Name: _____ Phone Number: (____) _____

Relationship to Child (ren): _____

2. Name: _____ Phone Number: (____) _____

Relationship to Child (ren): _____

Medical Information: Child's Name: _____

Allergies: _____ Medical Conditions: _____

Doctor Preference: _____ Hospital Preference: _____