



YOUR DETAILS

Parent / Caregiver Name:
Contact Number:
Email address:
Relationship to child(ren)? Mother Father Other

EMERGENCY CONTACT PERSON

Name of emergency contact
Contact number
Relationship to you

SOLICITOR DETAILS

Do you have a lawyer? Yes No *If no, go to next question*
Solicitor Name & Legal Firm
Solicitor Phone Solicitor Email

OTHER PARENT

Name Phone
Address Email
Do they have a lawyer? Yes No *If no, go to next question*
Solicitor Name & Legal Firm
Solicitor Phone Solicitor Email

OTHER PARTIES

Is there a Family Law Court Order? Yes No *If no, go to next question*
Has an Independent Children’s Lawyer been appointed? Yes No Pending
Name / contact details of Independent Children’s Lawyer (if appointed)

SIGNIFICANT OTHERS

Please provide names of other family (or others) of supervised parent who are significant to the child(ren).

ETHNICITY

Language spoken at home? Translator required? Yes No
If yes, please give details of any preferred translator?

ABOUT THE CHILDREN

Name	Age	Date of Birth	Gender	
			M <input type="checkbox"/>	F <input type="checkbox"/>
			M <input type="checkbox"/>	F <input type="checkbox"/>
			M <input type="checkbox"/>	F <input type="checkbox"/>
			M <input type="checkbox"/>	F <input type="checkbox"/>

Who does the child(ren) live with?

When was the last time the child(ren) spent time with the Non-Resident Parent?

Describe circumstances of most recent contact between the child(ren) and Non-Resident Parent

Details of previous parenting arrangements? (times, days, locations) and when did these arrangements start and end?

How do you think your child(ren) will respond to the supervised contact?

Does the child(ren) have any illnesses, allergy, disability, fears, special needs or medical requirements? If yes, please provide details below

Yes No

Does your child have difficulty separating from you? If yes, what strategies are used?

Yes No

Does your child(ren) require practical assistance from staff – for e.g. toileting

Yes No

Does your child/ren present with any challenging behaviours?

Yes No

Is there anything else that may be useful for us to be aware of about your child/ren's situation?

SERVICE REQUIRED

Is Supervised Contact Court Ordered? Yes No

Please specify the frequency and duration for supervised contact

Frequency: Weekly Fortnightly Monthly Other

Duration: 2 hours 3 hours 4 hours 5 hours +

Preferred Start Date Preferred days / times

Location Contact Centre Off-site (community) Progressing to offsite

*Additional detail. * off-site supervision *Please note offsite visits are at management's discretion**

For how long do you expect to be involved with our Service?

3 months 6 months ongoing not sure

Have you previously applied for/used another Children's Contact Service? Yes No

If yes, name of Service, approx. dates accessed, any issues

RISKS AND ISSUES OF CONCERN

What issues and concerns (suspected, alleged or substantiated) have led to the need for supervised contact?

ABUSE & NEGLECT

If no, go to next section

Do you have concerns about abuse or neglect of the child/ren by the other parent? Yes No

Has the child(ren) suffered directly from parental abuse or neglect? Yes No

If yes, what was the nature of the concerns?

Physical Sexual Psychological Neglect

Have your concerns been reported to police and/or the department of child protection? Yes No

If yes, were the concerns investigated? Yes Don't know No

If yes, what was the outcome? Substantiated Unsubstantiated Don't know Pending

Details

ALCOHOL / SUBSTANCE ABUSE / DEPENDENCY*If no, go to next section*Have concerns been raised regarding drug or alcohol use by either parent? Yes No *Add details e.g., substance type, treatment, management, supports, current status etc.***MENTAL HEALTH***If no, go to next section*Does either parent have a history of mental health issues? Yes No *If yes, include details e.g., diagnosis, treatment, management, current supports etc.***DISABILITY OR ILLNESS***If no, go to next section*Does either parent have any illness, allergy, disability, special needs, and medical requirements which may impact upon Contact? *If yes, please provided details* Yes No **FAMILY VIOLENCE / INTIMATE PARTNER VIOLENCE**Has there been abuse in your relationship with the other parent? Yes No *If no, go to next section*

When did the abuse occur?

While you were together Since separation Current / ongoing

What type/s of abuse?

Physical Emotional Verbal Sexual Financial

Who was the person responsible for the abuse?

Myself Other Parent Both of us Not sure Were you or the other parent seriously hurt? Yes No Was medical attention required for either person's injuries? Yes No Have police attended the home in response to any incident of violence between you and the other parent? Yes No Was the violence or abuse reported to police? Yes No Was the child(ren) in the home when the violence/abuse occurred? Yes No Did the child(ren) ever witness the violence/abuse? Yes No Have you ever been stalked/followed/threatened by the other parent? Yes No Do you currently have any concerns for personal safety? Yes No Has a court ever made a restraining order (AVO/DVO) against you or the other parent? Yes No Is there a current court order relating to domestic violence? Yes No

If yes, with respect to whom?

If yes, when? (date- expiry date)

Have you attached a copy of any relevant Court Orders Yes No N/a

POLICE INVOLVEMENT

If no, go to next section

Have there been any criminal charges concerning you or the other parent? Yes No Not sure

If yes, please provide details below

ADDITIONAL INFORMATION

If no, go to next section

Are there other circumstances / concerns / risks we should be aware of? Yes No

Provide additional comments, information and/or list any attached documents

INTAKE & ASSESSMENT INTERVIEW

Do you have a preferred days and/or time to attend an Intake Interview? *If no, go to next section*

FEES

Have you read the Service Fee Schedule? Yes No

Person/s to pay Service Fees Father: Mother: Equally shared: Other

Have you paid the Intake & Assessment Fee? Yes No N/a

If no, what is your preferred payment method?

Credit Card Internet Transfer Cheque

Please note: Your payment confirms appointment.

BANK DETAILS
Kindred Connect
Bsb 084-424
a/c 13-321-1696

To the best of my knowledge, the information provided is full and accurate and no relevant information has been knowingly withheld.

Name:

Date:

Sign:

If submitting referral by email, please check box

Please send completed forms to contactus@kindredconnect.com.au