



TransitioningTM Families

Creating Protected Spaces

Revised 7/20

FAMILY REUNIFICATION WORKSHOP INITIAL INTAKE

Person Being Screened:

Screener:

Date of Screening:

Names of all family members:

Caregiver #1:

Name:

Address:

Telephone: (H)

(O)

(C)

Email:

Occupation:

Caregiver #2:

Name:

Address:

Telephone: (H)

(O)

(C)

Email:

Occupation:

Caregiver #3:

Name:

Address:

Telephone: (H)

(O)

(C)

Email:

Occupation:

Other Family Members and (d.o.b.)

Lives with:

Significant others living in the home?

What is happening in your life/family that you chose to call now

Referral Source:

Court involved: (yes/no) How?

Is there a current Court Order?

What is the current custodial/access schedule (Court ordered/stipulated)?

Is this schedule being followed? If not, why not?

Who are the professionals involved with the family? For whom and for how long?

What evaluations or written reports exist?

**Why are you considering the workshop? What efforts have been tried previously?
Success or not?**

SECTION ONE: CONFLICT

When you and the other parent were together, did you fight or argue?

**What kind of things did you fight about?
Please describe:**

What happened when you fight?

Did anyone ever get hurt?

Were the children present?

Did the police ever come during a fight?

Where you ever arrested?

Was the other parent ever arrested?

Did anyone ever go to the hospital as a result of an incident?

When was the most recent incident

**What was the most serious incident?
Please describe:**

Has anyone else ever been present to witness an incident?

Has the Department of Social Services ever been involved with your family?

Have you ever obtained Restraining Order? Against whom:

**Has anyone ever obtained one against you?
Who:**

Do you currently have any active Restraining Order against you? By whom:

Do you own a firearm?

SECTION TWO: PSYCHOLOGICAL CONCERNS

**Are you presently in any mental health counseling?
If yes, for how long?**

**Have you ever been in any mental health counseling?
If yes, for how long?**

Have you ever been given a psychiatric diagnosis?

If yes, what was the diagnosis?

Has the other parent ever been given a psychiatric diagnosis?

Have you ever been prescribed psychotropic medication?

If yes, please list:

**Have you ever been psychiatrically hospitalized as part of
treatment?**

How many times: _____

Last Hospitalization: _____

Are you currently prescribed any psychotropic medications?

Has the other parent ever been psychiatrically hospitalized?

Has your child or children ever been psychiatrically hospitalized

Has the other parent been given a psychiatric diagnosis?

If yes list diagnosis:_____

Has your child(ren) ever been given a diagnosis?

Please list:

Has the other parent ever been prescribed psychotropic medication?

What medications:

Has your child(ren) ever been prescribed psychotropic medication?

What medications:

SECTION THREE – CONTACT RESISTENCE OR REFUSAL

Have you been involved in litigation in the area of child custody through the court system?

Is your child (or children) closer to one parent than the other?

Has your child told you that he/she does not want to spend as much time with the other parent?

Does your child want to spend more time with you and therefore does not attend school at times or take part in other activities?

Does your child/ren resist contact with one parent on the telephone or during time allocated to spend with that parent?

**Does your child refuse contact with one parent?
when there is no history of documented safety issues or abuse?**

Does your child say negative things about the other parent?

Does your child act as a messenger between you and the other parent?

Does your child know significantly more about the court action than is appropriate?

Is your child caught in the middle between the two parents?

Does your child have relationships with both sides of the extended family?

If your child refuses contact with the other parent what steps have been tried to see if contact can be restored

Does your child make negative statements about the other parent than concern you? Explain

Do you sometimes feel your child may be better off with no current contact with the other parent until that parent receives help? Explain

How long has the child not seen the other parent?

Does your child have medical issues we should know about (please see the medical form you were asked to fill out)

Has your child been prohibited from participating in any sports or activities due to health reasons?

Please explain

Does your child take medication for allergies or other health reasons (If so please attach a list)?

SECTION FIVE - BEHAVIOR

Does your child have any specific behaviors that have been brought to your attention as problems in school or other activities?

Please explain

Has your child been in detention or suspended from school or other activities?

Please explain

Has your child been sent to the principal or guidance counselor for behavior affecting another student?

Please explain

Has your child been “bullied” or intimidated in school or in other activities?

Please explain

Does your child have trouble with separation difficulties such as? Please explain

Does your child find it difficult to sleep away from your room

Does your child have specific fears that we should know about?

Has your child ever run away from you or the other parent

Has your child ever struck you or the other parent over issues concerning contact

Has your child ever threatened you or the other parent if contact were to occur? If so what were the threats?

Has your child ever been arrested?

<u>SECTION SIX: ARREST /CONVICTION HISTORY</u>	
Have you ever been arrested?	
Have you ever been arrested for substance related charges?	
Have you ever been arrested for charges related to Damage to Property?	
Have you ever been arrested for charges of Assault?	
If yes:	
Have you ever been arrested for Violating a Restraining Order?	
Have you ever been arrested on Larceny charges	
Have you ever been arrested for charges of sexual abuse or assault, or indecent exposure?	
Have you ever been convicted of a criminal crime?	
Have you ever been incarcerated?	
Do you currently have any open Criminal Cases?	
<u>SECTION SEVEN: DRUGS AND ALCOHOL</u>	
Have you ever experimented with illegal drugs?	
Have you ever sought treatment for alcohol use?	
Have you ever sought treatment for substance use?	
Has anyone ever recommended treatment for alcohol or substance use to you?	

Have you ever been arrested or convicted of a crime involving alcohol or the use of illegal substances?	
How recent (DATES)?	
Are you currently prescribed any prescription narcotic medication?	
For what medical condition was this medication prescribed? Please explain:	
Do you smoke cigarettes?	
How many per day? _____	

Medical conditions:

Medications: