

The Birch Center

4880 Old Airport Way • Fairbanks, Alaska 99701

• Phone: 907-374-8550 •

Email: thebirchcenter@iacnvl.org

Please note that the Birch Center is available by appointment only. Upon completion of this intake packet please contact us to schedule an intake appointment.

Client Intake for Services

Please fill out the following completely. If you have questions or need help filling out the intake, please contact us and let us know.

Date: _____

Name: _____ Date of Birth: _____

Current Address: _____

City	State	Zip Code
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Email (if you want us to contact you via email) _____

Telephone contacts: _____

Home	Work	Cell	Fax
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When is the best time to contact you? _____ to _____ a.m. or p.m.

Is it okay to leave a voicemail for you on: Home Work Cell No Voicemail!

Referred by: Family Court Order Domestic Violence Order Other _____

Services required: **Supervised Visitation** **Exchange**

Other parent's name: _____

Authorization for Emergency Release

Please do not list the other parent as emergency release.

I, _____, hereby authorize The Birch Center, or its agent, to release my child/children to the following individual in any emergency situation when I cannot be reached:

Emergency Contact #1:

Name: _____ Driver's License No. _____

Address: _____
Phone: H: _____ W: _____ C: _____

Emergency Contact #2:

Name: _____ Driver's License No. _____
Address: _____
Phone: H: _____ W: _____ C: _____

Sign _____ **Date** _____

Employment:

Your Occupation: _____

Employer: _____

Employer's Address: _____
Street City State Zip Code

Demographic Information:

Marital Status: Single Married Divorced Separated

Race or Ethnic Group: African American Asian Black/African American
 Caucasian Hispanic Native American
 Other (please specify) _____

Transportation to The Birch Center: Driving Walking Being Dropped off

If you are driving, please list the automobile(s) you will drive to The Birch Center, or the automobile(s) driven by the person providing transportation for you:

Year Of Auto	Make/Model	Color of Auto	License Plate #

If you are being dropped off, who will provide transportation for you?

Name:

Phone Home/Cell/Work:

Household Information:

List the child or children receiving services from The Birch Center:

Name	Age	Date of Birth

Please list any health-related illnesses/conditions/disabilities for your children:

Allergies

Child's Name	Allergies

List any other children or household members not receiving services from The Birch Center (step-children, roommates, etc.)

Name	Age	Relationship

Visitation & Scheduling Information:

☼ Date you last saw the child(ren): _____ **or** ☼ The children live with me.

Prior visitation or exchange arrangements:

What days/hours do you work?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time	Time	Time	Time	Time	Time	Time

Suggested days/times for visitation/exchanges:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time	Time	Time	Time	Time	Time	Time

While we will try to accommodate your schedule and the court order, visits will be scheduled according to the dates and times available at The Birch Center.

Domestic Violence and Family Violence:

1. Is there a history of domestic or family violence between you and the other parent?
 Yes No

2. Has the child(ren) witnessed or experienced family violence (hitting, pushing, screaming, yelling, verbal fights, Etc.)? Yes No

3. Are you concerned about being confronted:
 - o At our building Yes No
 - o Arriving at the building? Yes No
 - o Leaving the building? Yes No

4. Would you like staff to escort you to/from your car? Yes No

5. Is there a history of stalking? Yes No

6. Is there a current protective order in effect? Yes No Expiration Date: _____
 - o Has a protective order been violated? (Calling you against the order, showing up at your work, texting you, sending messages through the children or someone else, etc.) Yes No

7. Are you afraid your child(ren) might be abducted? Yes No
 - o Have threats been made to abduct the children? Yes No
 - o Are there resources to make this possible? Yes No
 - o Has your child(ren) been abducted in the past? Yes No

If Yes to Any of the above Questions, Please Explain:

Criminal History:

Have you ever been charged with a violent crime? Yes No

Have you ever been charged with violating a protective order? Yes No

Has either parent served any time in jail for a violent crime? Yes No

- o If yes, describe what the offense was, the amount of time served and where it was served:

Date	Offense	Parent who served, time served & place

You've completed the intake form! The next steps are:

1. Sign the form where indicated and return to The Birch Center along with your court documents including DVPO, custody and supervision orders. **The Birch Center is available by appointment only, so please call to schedule a time to drop off your intake packet.** Upon receipt of your intake packet we will provide you a receipt stating that you have completed the intake packet and that we have received it.
2. **New client orientations will only be scheduled when we have received the intake information from both parties.** Remember to bring your driver's license or photo ID with you to your orientation and any court documents you have not already given us copies of.
3. Visit scheduling will be done after orientation is completed with both parties.

I hereby certify the information on this intake form is true and accurate to the best of my knowledge. I agree to allow the visitation center to contact emergency medical personnel (911) if needed for my child(ren) or myself. I have listed all medical concerns to which emergency personnel should be made aware.

Signature

Date

Printed Name

(for staff only)

Received on _____
Date

Reviewed by _____
Staff