

SAFE TRAVELS INTAKE FORM PART ONE

Date: _____

Parent Referred for Supervised Parenting Time:

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Names and ages of children:

Emergency Contact Name: _____ Phone: _____

Attorney Name: _____

Phone: _____ Email: _____

What is your understanding of the reasons you have been referred to Safe Travels? _____

Has the Illinois Department of Children and Family Services ever been involved with the family?

If so, when and why? _____

Is there an Order of Protection in currently in effect? _____

If yes, please provide a copy to Safe Travels staff.

Are you under the care of a physician for any chronic condition? If yes, for what condition?

When was the last time you saw your child(ren)? _____

Other information you believe Safe Travels should know: _____

Initials

SAFE TRAVELS INTAKE FORM PART TWO

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Names and ages of children:

Emergency Contact Name: _____ Phone: _____

Attorney Name: _____

Phone: _____ Email: _____

What is your understanding of the reasons you have been referred to Safe Travels?

Has the Illinois Department of Children and Family Services ever been involved with the family?

If so, when and why? _____

Is there an Order of Protection currently in effect? _____

If yes, please provide a copy to Safe Travels staff.

Are you under the care of a physician for any chronic condition? If yes, for what condition?

When was the last time the other parent saw your child(ren)? _____

What concerns do you have about the other parent having time with the child(ren)? _____

Other information you believe Safe Travels should know: _____

Initials