

# Supervised Access Solutions

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## INTAKE FORM

Court File #: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_

### Information About Yourself

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Lawyer's Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Information About The Other Party

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Lawyer's Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### General Questions

1. What is your relationship to the child(ren)? ☐ Father ☐ Mother ☐ Other \_\_\_\_\_
2. What is your relationship to the other party? \_\_\_\_\_
3. Currently, are you and the other party living in the same house? ☐ Yes ☐ No
4. Who currently lives with you and what is their relationship to you?

Full Name	Relationship	DOB (YYYY/MM/DD):

### Information About The Child(ren)

#### Child #1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth (yyyy/mm/dd): \_\_\_\_\_

School/Daycare: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does the child have any special health/education needs? ☐ Yes ☐ No

If yes, what are they? \_\_\_\_\_

Please provide the following information about any health/educational professionals who are involved with this child (for example, doctor, counsellor, psychologist, psychiatrist, etc.):

#### Professional #1

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

### Information About The Child(ren) (cont.)

#### Professional #2

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Professional #3

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Child #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth (yyyy/mm/dd): \_\_\_\_\_

School/Daycare: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Teacher: \_\_\_\_\_

Does the child have any special health/education needs? ☐ Yes ☐ No

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_  
Please provide the following information about any health/educational professionals who are involved with this child (for example, doctor, counsellor, psychologist, psychiatrist, etc.):

**Professional #1**

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Professional #2**

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Professional #3**

Name: \_\_\_\_\_

Type: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Custody/Access Arrangements**1. Has the Court made any custody/access orders about your child(ren)? ☐ Yes ☐ No**If yes, please include a copy of the most recent custody/access Order(s) with your Intake Form.**

2. Describe the current custody/access arrangement for each child:

2.1 Who does/do the child(ren) currently live with? \_\_\_\_\_

\_\_\_\_\_

2.2 Who has custody of the children (i.e., who has the right to make decisions on issues such as health and education)?

\_\_\_\_\_

2.3 Does the other party have visits with (access to) the child(ren)? ☐ Yes ☐ No

2.4 What is the current access schedule? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.5 If the child(ren) does/do not have any access to one of the parties, explain why: \_\_\_\_\_

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2.6 Has/Have the child(ren) had the same access schedule since separation? ☐ Yes ☐ No

If no, provide details about the previous arrangements and why they were changed: \_\_\_\_\_

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3. Describe any concerns you have about the current custody and access arrangements: \_\_\_\_\_

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4. Describe your ability to communicate with the other party about the child(ren):

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	Some of the time
<input type="checkbox"/>	Through a third party	<input type="checkbox"/>	In writing only (email, log book)
<input type="checkbox"/>	Most of the time	<input type="checkbox"/>	Other, please specify:

PLEASE FEEL FREE TO ADD ADDITIONAL SHEETS OF PAPER

Required Enclosures	
IMPORTANT: Have you included the following information with your Intake Form?	
<input type="checkbox"/>	Copies of any completed Custody and Access Assessments
<input type="checkbox"/>	Current Court Orders about Custody and Access
<input type="checkbox"/>	Copies of any current Court Orders, current agreements with the Children's Aid Society or letters outlining the results of their investigations
<input type="checkbox"/>	Copies of any current Restraining Orders, Probation Orders, Peace Bonds and Bail Conditions

I certify that I have reviewed the above information and that I believe it to be accurate.

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Date (yyyy/mm/dd)