Shiloh (A Peaceful Place)

 702-444-1963

questions@shilohinfo.com

INTAKE APPLICATION

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal and Family Information :

Father ⬜ Mother ⬜

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

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

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name(s), Gender, D.O.B., and School/Daycare Name with Address and Phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For home visits, will there be a step-parent or significant other present? Yes ⬜ No ⬜

Legal Information:

Is there a restraining order preventing you and your ex-spouse/partner from having contact with each other? Yes ⬜ No ⬜

Have there ever been charges filed against you or your ex-spouse/partner? Yes ⬜ No ⬜

Have you ever been convicted of a felony? Yes ⬜ No ⬜

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child(ren) witnessed the domestic abuse? Yes ⬜ No ⬜ Not applicable ⬜

If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has your child(ren) intervened? Yes ⬜ No ⬜ Not applicable ⬜

If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child(ren) ever been abused (hit, hurt, or threatened)? Yes ⬜ No ⬜ If yes, please explain:

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Has your ex-spouse/partner ever threatened to take the child(ren)? Yes ⬜ No ⬜ If yes, please explain:

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Has your ex-spouse/partner ever been accused of child(ren) abduction? Yes ⬜ No ⬜ If yes, please explain:

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Health Information:

Do you have any medical problems we should be aware of? Yes ⬜ No ⬜ If yes, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child(ren) have any medical problems (including allergies) that we should know about? Yes ⬜ No ⬜

If yes, please complete a medical Instructions form for each child.

Substance use:

History of drinking alcoholic beverages: by you ⬜ by ex-spouse/partner ⬜ not applicable History of using non-prescription drugs: by you ⬜ by ex-spouse/partner ⬜ not applicable If yes, please explain:

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Do you believe that there is a problem with drugs and/or alcohol? For you ⬜ For your ex-spouse/partner⬜

If applicable, has there ever been treatment? Yes ⬜ No ⬜ not applicable ⬜

Length of sobriety:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody and Visitation Arrangements:

Who presently has legal custody of the child(ren)? Father ⬜ Mother ⬜ Joint ⬜ Not determined at this time ⬜

Who presently has physical custody of the child(ren)? Father ⬜ Mother ⬜ Joint ⬜ If there are different custody arrangements for each child, please specify:

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If you are the custodial party, do you or your child(ren) permit photography to be taken during supervised visitation? Yes ⬜No ⬜

Any additional comments:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this intake form