A.C.F.-Assisting Changing Families LLC
Parent Evaluation/Coaching Intake Form:

Today's Date:

Name:
Address:
Email:
Phone number:

Are you the residential or non-residential parent?

Name(s) and age(s) of child(ren)

Attorney Information:
Name:
Phone number:
Email:

Is there any allegations or documentation of Domestic Abuse?

Is there a Order for Protection?

Is there a court order?
(If there is a court order please attach to this document)

Do the parents have contact?

What form of communication, if any, do the parents have?

Do you have issues with alcohol and/or drugs?
(Please elaborate)

Do you have mental health issues?

Briefly describe your perspective on the current situation and what are your thoughts on your parenting style:

Any special notes regarding the health, welfare, and safety of the child(ren)?

Any other concerns not previously noted?

What are the payment arrangements? Who is responsible for the payment of services?