Families Moving **Forward** »

PARENT REFERRAL APPLICATION FORM

Thank you for your interest in therapy services.

Please check off the specialized service you are seeking at this time:

- ○ Multi-Day Family Intervention (FMF; 3 – 4 days — including overnight) with all family members at the intervention, followed immediately by monitoring. Recommendations for aftercare (eg., individual therapy, family therapy, coparenting work, parenting coordination are provided after the family intervention).

- ○ Blended Sequential Family Therapy Intervention (BSI): This intervention varies depending on the family circumstances. It must be accompanied by a court order stipulating: 1. the rejected parent has interim or permanent legal custody, and 2. an interim period of no contact for the child(ren) with the favoured parent (minimum of 60 days). In Phase I, the child(ren) participate with the resisted parent in a multi-day intervention (2-4 days). In Phase II, the favoured parent participates in his/her own intervention (1 or more days) after Phase I is completed. Where appropriate, Phase III may involve coparenting and/or family work.)

All services offered by Families Moving Forward commence with a Clinical Intake Consultation (CIC), through which one intake clinician gathers sufficient information to consider the appropriateness of the referral, and if so, develop a therapeutic plan.

Please visit our website for more information about the above options, and the referral and intake process. (See separate Steps to Referral Process document.) Upon receipt of this completed referral form from each parent (or one parent for the BSI) you will be contacted regarded next steps.

Date (D/M/Y): ___/___/20___ Referred by _____

Your name: _____

Your date of birth: _____

Preferred daytime tel(____)_____ Ok to leave messages? □ Yes □ No

Email_____

Full address: _____Postal Code: _____

Who lives in your home with you? _____

Occupation: _____

Your lawyer's name & firm: _____

Tel: (___)_____ Email: _____

List each child's name and other information as indicated:

_____ □ Male □ Female D.O.B. _____ Grade: _____

_____ □ Male □ Female D.O.B. _____ Grade: _____

_____ □ Male □ Female D.O.B. _____ Grade: _____

Does your child(ren) have any special emotional, behavioural, developmental, educational or physical needs formally identified by a qualified professional? If yes, please summarize briefly:

_____

_____

What is the current status of your relationship with the other parent?

□Divorced □ Separated □ Never lived together □ Married/Common Law

Who initiated the separation? □ I did □ Other Parent

Is there a Separation Agreement: □ No □ Yes Date: _____

Are you physically separated from the other parent? □Yes □No If so, date: ___/___/20___

Date of divorce (D/M/Y): ___/___/20___ □ Not Applicable

Other parent's name & address: _____

Is the other parent represented by counsel? □Yes □No □ Unsure

If yes, provide name: _____Email: _____

Is there a Court Order(s) for counselling or a reunification program in place? □ Yes □No

Does other parent consent to services? □ Yes □No □ Unsure

Does other parent know, or have you advised him/her you are seeking information or services?

□Yes □No If no, are you willing to ask him/her to contact us for information or to start an application process? □Yes □No

Do you have a final parenting plan? □Yes □No If yes, date: _____

If yes, is this parenting plan a Court Order? □Yes □No If yes, date: _____

(Please provide an electronic copy when returning this form)

What does the Court Order or parenting plan indicate for legal custody? (i.e. how major child-related decisions are made e.g. joint, sole, other)

_____

Supply the exact wording of the dispute resolution clause in your parenting plan or Court Order:

_____

_____

Indicate the current court ordered or agreed-to parenting time each child is having with each parent:

_____

If you have no parenting plan, what is the status of your process (eg., mediation, lawyer assisted negotiation, litigation, mediation/arbitration) for determining it?

_____

Are there outstanding criminal charges? □Yes □No Have the police been involved? □Yes □No

Have the CAS, CCAS or JFCS been involved? □Yes □No If yes, circle which agency, and provide worker's name and contact information: _____

Has there been a custody assessment (s.30) or OCL investigation (s.112)? □Yes □No

If yes, circle which and provide professional's name: _____
If yes, is there a report? □Yes □No If yes, date? _____(Please provide copy.)

In your opinion, what was the cause of the disrupted parent-child relationship(s), if any? Please check those that may apply:

□ Incarceration
□ Long distances
□ Abandonment
□ History of substance abuse
□ Time away in treatment
□ Serious mental health issues
□ Poor parenting behaviour
□ Neglectful or very compromised parenting
□ Parental alienation by one parent
□ Violence and/or abuse in the home
□ Highly conflicted divorce centred on the children and disagreements around custody and access.
□ Other: _____

Section 3 – Relationship Information

Years together with other parent: _____ Date of separation (MM/YY): _____

Is there a family history of disrupted parent-child relationships?:

Your family □Yes □ No Other Parent's family □ Yes □ No

Who made the decision to end the relationship? _____

Indicate the reasons that best explain your decision to separate:

□ Physical abuse/ violence
□ Threats
□ Drugs/ alcohol abuse
□ Mental illness
□ Infidelity
□ Other, explain:
□ Poor communication
□ Verbal abuse
□ Emotional abuse
□ Incompatibility
□ Great deal of conflict
□ Taking advantage of the other parent

Have you been to court on this file? □ Yes □ No

If yes, what were the issues in dispute and were any Court Orders made?

_____

_____

If Court Orders were made, **please provide copies**.

Have you ever tried any methods of alternate dispute resolution (for example, mediation, mediation/arbitration, lawyer assisted negotiation) to try to resolve matters? □ Yes □ No

If yes, was anything resolved: _____

_____

If you have reached agreement(s), **please provide copies**.

Have either of you or the other parent ever requested/ obtained a restraining order, peace bond, or other form of non-contact order? □Yes □No

If yes, please specify: _____

_____

Please provide a copy of the Order.

Do you have any concerns about weapons? □ Yes □ No

If yes, please specify: _____

_____

Are you comfortable meeting with the other parent in the same room? □ Yes □ No

If no, what is your concern? _____

_____

Are you afraid of the other parent? □ Yes □ No

If yes, for what reasons? _____

_____

Do you have any concerns for the safety of the children? □ Yes □ No

If yes, please specify: _____

_____

Do you have any other concerns related to the children having parental contact? □ Yes □ No

If yes, please specify: _____

_____

Do you have any concerns about the other parent's alcohol or drug use? □Yes □ No

If yes, describe usage and/or concerns: _____

Do you or the other parent use any drugs or medication other than as prescribed?

□ Yes □ No

If yes, please list: _____

_____

Are you currently taking any prescribed medications? □ Yes □ No

If yes, please list: _____

_____

Do you have concerns about yours or the other parent's mental health? □ Yes □ No

If yes, please specify: _____

_____

List **all** mental health professionals and/or agencies **you, your child or the other parent** have had contact with (e.g. psychiatrist, psychologist, social worker, counsellors, Children's Aid Society/JF&CS/CCAS). Indicate services occurring now. Include **full address, postal code, dates seen, telephone, and E-mail address.**

For Which Family Members:	Professional's Name/Agency	FULL Address	Dates Seen	Tel. #	Email and/or Fax

Describe briefly in point form the primary reasons you wish to initiate services:

_____

_____

What are your goals/objectives for therapy?

_____

_____

_____

What are your significant hopes/goals for your relationship with the other parent?

_____

_____

_____

Do we have your consent to contact your lawyer? □Yes □No

Section 4 –Fit

So much of the success of child and/or family therapy depends on the level of cooperation and commitment of both parents. Please circle below the current level of cooperation and commitment you expect from:

Yourself	1 2 3 4 5 6 7 8 9 10	(10 being high level, 1 being low level)
The other parent	1 2 3 4 5 6 7 8 9 10	(10 being high level, 1 being low level)
Your child (1)	1 2 3 4 5 6 7 8 9 10	(10 being high level, 1 being low level)
Your child (2)	1 2 3 4 5 6 7 8 9 10	(10 being high level, 1 being low level)

What would you consider to be “success” at the conclusion of any therapy/intervention?

_____

_____

Briefly indicate any issues, barriers or challenges you foresee in completing the therapy/intervention:

_____

_____

_____

Thank you for completing this questionnaire. We appreciate that these questions are very personal. We want to use your resources and time well. This questionnaire represents an efficient and effective way to begin the process of considering if our services are suitable for your family. *Last updated April 2018*