

PARENT REFERRAL APPLICATION FORM

Thank you for your interest in therapy services. There are different counselling and intervention options available to meet the needs of the family when parents are separated or divorced. These options include:

1. Individual parent education or therapy
2. Coparenting education/counselling
3. Individual child or parent therapy
4. Multi-Faceted Family Therapy conducted on an outpatient basis with all family members participating in various combinations (see MFFT information document)
5. Multi-Day Family Therapy Intervention (3 – 4 days) with monitoring and aftercare;
6. Blended Sequential Family Therapy Intervention: (Must be accompanied by a court order for the rejected parent to have interim or permanent legal custody and for the children to have an interim period of no contact with the favoured parent. This multi-day intervention is designed for the child(ren) and resisted parent, while a parallel intervention occurs for the favoured parent. Where appropriate once the favoured parent completes their intervention, the intervention includes coparenting and family work.

Please visit our website for more information about the above options, and the referral and intake process. Upon receipt of a completed referral form from each parent you will be contacted regarding 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

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:

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

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:

- | | |
|---|---|
| <input type="checkbox"/> Physical abuse/ violence | <input type="checkbox"/> Poor communication |
| <input type="checkbox"/> Threats | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Drugs/ alcohol abuse | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Incompatibility |

Infidelity

Great deal of conflict

Other, explain:

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 Family Member:	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?

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

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.

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