



**PARENT SUPPORT PROGRAM  
SERVICE INTAKE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Ethnicity/ Race \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 Marital Status  married  single  divorced  separated  widowed  
 SSN \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Child(ren)

Name	DOB	Sex	<u>Current Residence of children</u>
_____	_____	_____	<input type="checkbox"/> Shelter <input type="checkbox"/> Relative <input type="checkbox"/> Foster Care
_____	_____	_____	<input type="checkbox"/> Biological Home <input type="checkbox"/> Other _____
_____	_____	_____	
_____	_____	_____	

**AUTHORIZATION OF RELEASE OF PROTECTED INFORMATION**

{ } Written Authorization

I \_\_\_\_\_ agree to release information on this form to ChildHaven, Inc. this information is to be used to determine which services are required. I understand that I may cancel this authorization at any time by submitting a **WRITTEN** request to ChildHaven, except where a disclosure has already been made in reliance on my prior authorization.

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

{ } Verbal Authorization

Client gave verbal consent over the phone to release information to a ChildHaven Staff member.

Name of person giving verbal consent \_\_\_\_\_

ChildHaven Staff Member \_\_\_\_\_

Signature of ChildHaven Staff Member \_\_\_\_\_

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

<i>Office use only</i> Date: _____ Time: _____
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Identifying Data

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Name \_\_\_\_\_  
DOB \_\_\_\_\_ Gender: Male / Female  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: Hispanic / Non-Hispanic Tribal  
Affiliation \_\_\_\_\_  
Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_  
Have you attended any other parenting classes before? { } YES { } NO  
If so, give details and year attended \_\_\_\_\_  
What is your form of transportation: \_\_\_\_\_  
Is this a reliable form of transportation ( ) YES ( ) NO

Work Information

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{ } Employed F/T      { } Employed P/T      { } Not currently working  
{ } Student            { } on disability        { } Other \_\_\_\_\_

Name of company \_\_\_\_\_  
Title \_\_\_\_\_  
Current Job Schedule \_\_\_\_\_

If Child(ren) is not in the home please fill out contact information for guardian/ caregiver.

- Relative Name \_\_\_\_\_  
Relationship \_\_\_\_\_ { } Maternal { } Paternal  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
- Foster Parents \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
- Shelter \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Reason Child(ren) was taken out of the home  
 Circle ALL that apply:

Neglect	Suspected Physical Abuse	Suspected Sexual Abuse	Court Ordered
Abandonment / Run-Away	Drug Related	Alcohol Related	Domestic Violence
Mental Health Issues	Currently under investigation	Child- alcohol or drugs	OTHER:

Other Agencies Involved

Please write in name and contact number

JPO \_\_\_\_\_ Phone \_\_\_\_\_

Social Worker \_\_\_\_\_ Phone \_\_\_\_\_

CYFD investigations \_\_\_\_\_ Phone \_\_\_\_\_

CASA \_\_\_\_\_ Phone \_\_\_\_\_

Tribal Services \_\_\_\_\_ Phone \_\_\_\_\_

CCSS \_\_\_\_\_ Phone \_\_\_\_\_

Childhaven Family Advocate \_\_\_\_\_

Other \_\_\_\_\_

By Signing below you agree that you have advised Childhaven of all questions to the best of your knowledge.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY:

GROUP CLASSES     ONE-ON-ONE CLASSES     NEEDS TRANSLATION SERVICES

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **- Food Allergy Notice -**

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Please be advised that the dinner provided for Childhaven's Parent Education Program is not prepared on site and may contain any of the following ingredients:

- Milk / dairy products
- Eggs
- Wheat
- Soybean
- Peanuts
- Fish
- Shellfish
- Other allergens

Clients and family members who choose to participate in the free dinner, that have known food allergies or sensitivity to certain ingredients should exercise food judgment when consuming. Childhaven will not be held responsible. If you would like to bring your own food from home, you may do so, we only ask that you clean up after yourself.

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I have read and understand that I am responsible for me and my family's food allergies and have the option to bring my own food if I feel it necessary. I understand that Childhaven will not be held responsible and I will use food judgment when participating in the Parent Education Program's free dinner.

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Client Signature

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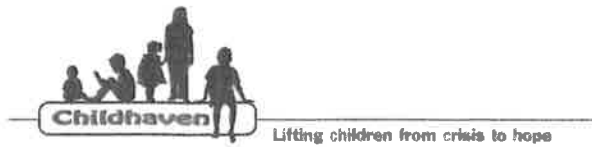
Date

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Staff Signature

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Date



## PARENT SUPPORT SERVICES

Client (parent) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Support Program is addressing the strengths and challenges of clients and their families. Parent support program provides ongoing support, training, coordination of resources, involving families and the community.

### Parent Support Services includes:

- Meeting with the client face-to-face during weekly group sessions or one-on-one sessions.
- Coordination of services with referring agency

### Your involvement in Parent Support Services includes:

- Letting your Parent Support Worker know how to reach you
- Telling your Parent Support Worker what your needs are
- Participating with your Parent Support Worker in setting goals and developing a service plan and schedule
- Doing your best to follow this plan and schedule
- Keeping appointments of scheduled classes
- Participating in post enrollment surveys
- Contacting Parent Support Worker in the event of a contagious illness/condition in your home (pinkeye, lice, etc)
- Refraining from smoking, including E-Cigs, during meetings
- If participating in in-home services, keeping pets contained
- Refraining from alcohol or substance abuse while receiving services from the Parent Support Worker at Childhaven Inc.

I have read this consent form. All rules, family and client responsibilities, times and locations of services, guidelines for participation, reasons for termination, client and family rights, and confidentiality procedures have been fully explained. I understand my part and wish to be enrolled in the Childhaven Inc. Family Support Services. I am willing to work closely with my Parent Support Worker and to follow the plan we will develop together.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

I understand my responsibilities to this client/family and will work closely with them to help them receive the services to obtain the family goals as outlined in their Service Plan.

\_\_\_\_\_  
Signature of Parent Support Worker

\_\_\_\_\_  
Date

Revision Date: 07/01/2016

Client Name:	DOB:	Date of Admission:
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## TRANSPORTATION AGREEMENT

Childhaven's Parent Education Program strives to meet the needs of all parents and caregivers by providing transportation to and from weekly classes when other forms of transportation is not available. In order for Childhaven to better meet your needs we ask that you:

- Call the Friday Before the class before 3:00 PM and schedule a pick up time with designated Childhaven staff member.
  - Let the staff know exact number of passengers.
  - Provide home address and physical directions if needed.
  - Contain all pets away from Childhaven staff in order to maintain safety.
  - Be ready at scheduled times for pick up.
  - Always wear a seatbelt and assure that your child(ren) are securely fastened at all times.
  - Provide your own infant car seat or toddler booster seat
  - Clean up after yourself when exiting the vehicle.
  - Refrain from smoking (tobacco/ E-Cigs) and chewing Tobacco
  - Refrain from Consuming Alcohol
  - No food or drinks in the vehicle
  - Children may not travel without a parent or guardian.
  - If you need to cancel transportation please call Childhaven at least 24 hours before your scheduled pick up time.
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I have read and understand the Transportation Agreement and agree to follow the terms set forth by The Childhaven Parent Education Program. I consent to have Childhaven staff come to my residence and transport me and my approved passengers to and from the Parenting Education Classes.

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Client's Name

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Date

**Transportation is a first come first serve basis and seats are limited. Please assure that you make transportation arrangements Friday's before 3:00 PM.**

**Transportation  
to/from Parent Education Program  
(505) 325-5358 Ext 130**

**Must call and Reserve a ride by Fridays before 3:00PM  
For the upcoming Tuesday class.  
To cancel, please call 24 hours in advance.**

**Transportation  
to/from Parent Education Program  
(505) 325-5358 Ext 130**

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For the upcoming Tuesday class.  
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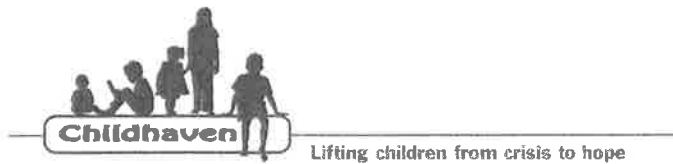
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**CHILDHAVEN, INC.**  
**POLICY AND PROCEDURE**  
**APPOINTMENT CANCELLATION AND NO SHOW**

The goal of our Parent Support Services program at Childhaven, Inc is to provide support to you and your family which helps you reach your goals. As part of our commitment to you, we strive to fulfill your appointment needs. We ask that you make a commitment by being on-time and present as well as participating during scheduled appointment times. In order to continue to meet your needs, we found that it has become necessary to implement a cancellation/“no-show” policy when clients fail to keep their scheduled appointment.

- \*\* Once a client has three (3) cancellations in a row, the inactive client procedure will be started, leading to client’s file being closed.**
- \*\* Once a client has two (2) no show appointments, the inactive client procedure will be started, leading to client’s file being closed.**
- \*\* Failure to keep in contact with your parent support worker will result in your file being closed.**

In order to avoid this result:

- If you must miss an appointment, please contact the Parent Support Worker (PSW) at least 24 hours in advance
  - Appointments that are not canceled at least 24 hours in advance are considered “NO SHOWS”
  - For one-on-one session, if located outside Farmington area, PSW will call to confirm appointment, if PSW does not receive call one hour before appointment time or if no response is made, the meeting will be cancelled.
- Exceptions to this policy are emergencies and/or unavoidable circumstances as determined by Childhaven.

Inactive Client Procedure:

- PSW will call and talk about situation and cancellation policy(1<sup>st</sup> attempt)
- If left messages on 1<sup>st</sup> call and no response within the week a second call will be made.( 2<sup>nd</sup> attempt)
- PSW will go by home, if no one there, FSW will leave a note. (3<sup>rd</sup> attempt)
- If no response after 1 week, a letter will be mailed out. a copy will be sent to CYFD PS and/or JPO or other referring agency
- If no response from No Contact Letter, file will be closed.

I, \_\_\_\_\_, have read the above policy and agree to attend my scheduled appointment at Childhaven for Parent Support Program I understand that having “No Show” appointments could cause discontinuation of services, and other involved agencies will be notified.

\_\_\_\_\_  
 Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Childhaven Staff Signature

\_\_\_\_\_  
 Date

**Childhaven’s door is always open and individuals will be welcomed back to Childhaven upon return**

Client Name:	DOB:	Date of Admission:
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