



### PARENT REGISTRATION FORM

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

(Parent client) Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

For confidentiality issues, please check the boxes after each phone number you list to signify if it is okay for MNCarePartner to leave you a message

|                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| Home phone _____       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work phone _____       | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Cell/Other phone _____ | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Email _____            | <input type="checkbox"/>     | <input type="checkbox"/>    |

**Child's Other Parent/Guardian Information if known**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Information on children**

| Children's Names ( <b>first and last</b> ) | Date of Birth | Gender | Preferred name |
|--|---------------|--------|----------------|
| 1. _____                                   | _____         | _____  | _____          |
| 2. _____                                   | _____         | _____  | _____          |
| 3. _____                                   | _____         | _____  | _____          |
| 4. _____                                   | _____         | _____  | _____          |
| 5. _____                                   | _____         | _____  | _____          |

Name of person who child(ren) live with: \_\_\_\_\_

Relationship to them (ex: parent/foster parent/grandparent): \_\_\_\_\_

Current child(ren) Legal Guardian: \_\_\_\_\_  
Name Phone#

Do you or your children have any health concerns that MNCarePartner should know about?

Yes No

If yes, please explain:



**Custody**

Sole Physical Custody  
Joint Physical Custody

Sole Legal Custody  
Joint Legal Custody

Visitation Rights Only  
Foster Parent

Is this custody decision the final or temporary court order?

Final

Temporary

Is there an active: Order for Protection

Yes

No

Restraining Order

Yes

No

Harassment Order

Yes

No

If yes, who are the respective parties, and when does this order expire? \_\_\_\_\_

Have you ever had supervised visitation or exchange services through an agency in the past?

Yes

No

If yes, with what agency? \_\_\_\_\_

\*If another agency was used in the past for visitation services, please sign a Release of Information so MNCarePartner can obtain records from this agency regarding the past visitation.

Are you participating in any other MNCarePartner Services?

Would you like information about our free Community Support Program Parent Coaching?

**If Referral from Court:**

Name of Court worker involved \_\_\_\_\_ Phone Number \_\_\_\_\_

From which of the following:

\_\_\_ Child Protection \_\_\_ Family Court Services \_\_\_ Self \_\_\_ Other \_\_\_\_\_

**Information on any Attorneys**

Attorney Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Attorney Firm Name \_\_\_\_\_

Attorney Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*We need you to complete a Release of Information in order for us to be able to communicate.

**Only if Court Order**

Is supervised visitation court ordered?

Yes

No

Is unsupervised visitation court ordered?

Yes

No

What court is the order issued out of? civil court: \_\_\_\_\_ family court: \_\_\_\_\_ criminal court: \_\_\_\_\_

Does the court order specify level of visitation services ?

Does the court order specify location of visitation services?

What is the date of the most recent court order for visitation or custody? \_\_\_\_\_

What is the name of the Judge that signed the order? \_\_\_\_\_

**Visitation Service Request Information**

**Therapeutic Supervised Visitation** currently takes place on site only. Other levels may be able to be approved at locations in the community.

Please specify the days and hours available:

Monday      Tuesday      Wednesday      Thursday      Friday

What is your preferred schedule? Weekly      Every Other Week

Is a specific schedule court ordered? Yes      No      If yes, please explain the schedule:

Please keep in mind that the hours requested may need to be modified to agree with the hours available at MNCarePartner

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

**PLEASE NOTE: A provider you will be working with will follow up with you. This may require another pre-visit meeting.**

**EMERGENCY CONTACT**

Emergency Contact:

o Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I understand that if I do not provide an emergency contact, the staff at MNCarePartner will have to call the police in case of an emergency. For custodial parents; I understand that my children will not be released into the care of anyone except myself, emergency contacts with ID provided to MNCarePartner, or the police/emergency personnel.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date