bridging**families**
YOUR BRIDGE TO SECURE FAMILY CONNECTIONS

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INTAKE INTERVIEW QUESTIONNAIRE

Complete one questionnaire per adult participant (CP, NCP, or other adult who will be present).
This is an **intake/screening** document. It is separate from your Service Contract and acknowledgements.

SECTION 1 — GENERAL INFORMATION (SIGNER)

Signer Role (check one): ☐ CP ☐ NCP ☐ Other Adult Participant (specify):
_____

Full Legal Name: _____
Date of Birth: ____ /____ /_____
Phone Number: _____
Email Address: _____
Address (Agency use; not included in reports unless legally required):
_____
_____

Relationship to Child(ren): _____
Custodial Status (check one): ☐ Custodial ☐ Noncustodial ☐ Other: _____

Preferred method of contact: ☐ Text ☐ Email ☐ Phone Call
Best days/times to reach you: _____

Employment and Educational Background (optional but helpful)

Current Employer: _____
Job Title: _____
Date of Employment (start): ____ /____ /_____
Educational Background (last grade completed / degree earned):

SECTION 1B — OTHER PARENT/GUARDIAN INFORMATION (IF KNOWN)

☐ Unknown / Not provided

Full Name: _____
Date of Birth: ____ /____ /_____
Phone Number: _____ **Email:** _____
Address (if known): _____
Relationship to Child(ren): _____
Custodial Status (check one): ☐ Custodial ☐ Noncustodial ☐ Other: _____

SECTION 1C — CHILD/CHILDREN INFORMATION (COMPLETE ONE BLOCK PER CHILD)

Child #1

Full Name: _____ **DOB:** ____ /____ /_____
Current Living Arrangement (general): _____
School/Daycare Information (general; name not required): _____
Special Needs or Medical Conditions: _____

Child #2

Full Name: _____ **DOB:** ____ /____ /_____
Current Living Arrangement (general): _____
School/Daycare Information (general; name not required): _____
Special Needs or Medical Conditions: _____

☐ Additional children attached

SECTION 2 — LEGAL INFORMATION

Court Order Details

Is there a court order for supervised visitation/exchange? ☐ Yes ☐ No ☐ Unknown
Date of Court Order: ____ /____ /_____
Case Number: _____
Court Jurisdiction (County/State): _____

Please provide a copy of the court order(s): ☐ Yes ☐ No
If no, explain: _____

Restraining / Protective Orders

Are there restraining/protective orders in place? ☐ Yes ☐ No ☐ Unknown
If yes: **Protected Person(s):** _____
Restrained Person(s): _____
Any terms affecting services (check all that apply):
☐ No contact between parties ☐ Stay-away distance _____ ☐ Location limits ☐ Persons prohibited
☐ Firearm restrictions ☐ Recording restrictions ☐ Other: _____

Legal History (Answer for yourself and household/family members as relevant)

Have you or any family member ever been arrested or have a criminal record? ☐ Yes ☐ No
If yes, explain (dates/circumstances):

Have you or any family member abused drugs or alcohol in the past? ☐ Yes ☐ No
If yes, provide details:

Have you or any family member been investigated for physical or sexual child abuse? ☐ Yes ☐ No ☐ Unknown
If yes, provide details:

Has it been necessary to enforce protection or restraining orders? ☐ Yes ☐ No ☐ Unknown
If yes, explain circumstances:

Legal Representation

Do you have legal representation? ☐ Yes ☐ No
If yes: **Attorney Name:** _____ **Contact:** _____

Is the other party represented by an attorney? ☐ Yes ☐ No ☐ Unknown
If yes: **Attorney Name:** _____ **Contact:** _____

SECTION 3 — VISITATION HISTORY / CURRENT ARRANGEMENTS

Previous Supervised Visitation/Exchange

Have you previously participated in supervised visitation/exchange? ☐ Yes ☐ No
If yes: **Provider Name:** _____
Duration & frequency of visits/exchanges: _____
Any issues or incidents during previous services? ☐ No ☐ Yes (describe):

Current Visitation Arrangements

Current visitation schedule (if any):

Preferred schedule for supervised services:

Location preferences (check all that apply):
☐ Community/public location ☐ Other: _____

Transportation arrangements (who brings/picks up child?):

SECTION 4 — REASON FOR SUPERVISED SERVICES

Please describe the circumstances leading to the need for supervised visitation/exchange (facts, dates if known):

SECTION 5 — FAMILY DYNAMICS AND SAFETY CONCERNS

Relationship History

Describe your relationship with the child(ren):

Describe your relationship with the other parent/caretaker, including any issues:

Safety Concerns

Any concerns about the safety of the child during services? ☐ Yes ☐ No
If yes, explain: _____

Any concerns about the safety of the visiting parent/adult participant or supervising provider? ☐ Yes ☐ No
If yes, explain: _____

Specific conditions or restrictions mandated by the court:

SECTION 5B — SAFETY CHECKLIST (CONCERNS ABOUT THE OTHER PARTY)

Do you have concerns about the other party regarding the following (check Yes/No):

Abuse of alcohol? ☐ Yes ☐ No
Abuse of drugs? ☐ Yes ☐ No
Emotional abuse of child(ren)? ☐ Yes ☐ No
Physical abuse of child(ren)? ☐ Yes ☐ No
Sexual abuse of child(ren)? ☐ Yes ☐ No
Violent behavior? ☐ Yes ☐ No
Suicide attempts? ☐ Yes ☐ No
Child snatching/abduction concerns? ☐ Yes ☐ No

If yes to any above, provide details (facts, dates if known):

SECTION 6 — CHILD'S WELL-BEING AND NEEDS

Medical and Psychological History

Have you or your children received counseling or been treated for mental/emotional difficulties? ☐ Yes ☐ No
If yes, provide details:

Do you or your children have chronic or recurring health problems? ☐ Yes ☐ No
If yes, provide details:

Are you or your children currently taking prescribed medications? ☐ Yes ☐ No
If yes, provide details:

Child's Emotional and Psychological Well-being

Has the child received counseling or psychological support? ☐ Yes ☐ No ☐ Unknown
Does the child have known trauma or behavioral issues? ☐ Yes ☐ No ☐ Unknown
If yes, describe (general):

How does the child feel about visitation with the visiting parent?

SECTION 7 — PARENTAL GOALS AND EXPECTATIONS

Goals for Supervised Services

What do you hope to achieve through supervised services?

Any specific concerns or objectives?

Expectations from Bridging Families LLC

What are your expectations for the supervising provider?

Any specific requests or conditions you wish to discuss?

SECTION 8 — OPERATIONS: NO-CONTACT / STAGGERED ARRIVALS / SERVICE ENVIRONMENT

Does the court order allow CP/NCP contact? ☐ Yes ☐ No ☐ Unknown
If "Yes," describe limits: _____

Do you need staggered arrival/departure? ☐ Yes ☐ No ☐ Unknown
If yes, preferred approach (check one):
☐ CP arrives first ☐ NCP arrives first ☐ Child arrives with CP ☐ Child arrives with NCP ☐ Other: _____

Service Environment considerations (public locations):

- Suggested CP staging area: _____
- Suggested NCP staging area: _____
- Any locations to avoid (safety concerns): _____

SECTION 9 — RECORDING & DEVICES

A) No Party Recording

Do you understand parties may not record any portion of services (audio/video/photo/livestream) unless **all parties** and **Bridging Families** approve in writing for that session?
☐ Yes ☐ No

Are there any recording devices that could capture services? (dash cam, doorbell/security cam, smartwatch, etc.)
☐ No ☐ Yes (describe what/where): _____

B) Agency Audio Recording (Visits Only) — Condition of Service

Agency audio recording is required for services and cannot occur due to lack of consent or court restriction, services may be canceled/rescheduled/declined until a court clarification/modified order permits the Agency protocol.

Do you understand Agency audio recording is a condition of service and is part of the Agency's standard safety/documentation protocol incorporated into the Service Contract?
☐ Yes ☐ No

Do you understand that if required consent is not provided (or is withdrawn), OR if a court order prohibits/restricts the Agency's audio-recording protocol, Bridging Families may be unable to provide services until court clarification/modified order?
☐ Yes ☐ No

Any court order restrictions about recording you are aware of? ☐ No ☐ Yes (describe):

SECTION 10 — CONFIDENTIALITY / REPORTING

Do you understand there is no confidential privilege between you and Bridging Families (not like attorney/therapy), and records may be produced if required by law/subpoena/court order?
☐ Yes ☐ No

Do you understand Bridging Families personnel are mandated reporters and may report suspected abuse/neglect or disclose minimum necessary information for emergencies/safety?
☐ Yes ☐ No

SECTION 11 — OTHER ADULT PARTICIPANTS / AUTHORIZED PERSONS

Will any other adult be present during services? ☐ No ☐ Yes
If yes, list each adult (they may be required to sign intake forms/acknowledgements before being present):

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____
   ☐ Additional adults attached

SECTION 12 — SAFETY PLAN ADDENDUM (CASE-SPECIFIC)

Do you believe a Safety Plan Addendum is needed? ☐ Yes ☐ No ☐ Unsure
If yes/unsure, list requested precautions (staging, boundaries, restroom protocol, third-party interference plan, etc.):

SECTION 13 — AGREEMENT & CONSENT (INTAKE QUESTIONNAIRE ONLY)

Please initial each statement:

____ 1. I agree to participate in Bridging Families services consistent with court orders and Agency policies.
____ 2. I understand the rules and expectations will be provided in separate required forms (Service Contract and Acknowledgements).
____ 3. I consent to the collection and use of the information provided for intake screening, safety planning, scheduling, and service coordination.
____ 4. I understand this intake questionnaire does not create confidentiality or privilege.

SECTION 14 — ADDITIONAL COMMENTS

Please use this space for any additional information or comments you would like to provide:

SECTION 15 — SIGNATURES

I certify the information provided is true and complete to the best of my knowledge.

Signer Signature: _____ Date: ____ /____ /_____
Printed Name: _____

Agency Staff (Intake) — Name/Title: _____ Date: ____ /____ /_____
Internal Notes (Agency use only):

INSTRUCTIONS

Please provide this completed questionnaire, along with relevant legal documents (e.g., court orders, protection/restraining orders), to Bridging Families prior to your intake meeting.