**Reconnection Counseling (aka: Reunification Counseling) Intake Form**

This form is provided to you in Word format, not PDF. If the space provided is not sufficient for you to answer a question fully, you may add additional pages or do this on your computer by typing directing into this Word document. Just keep typing and the space should expand. If you do this on paper, please restate the question above your answer or use the same identifying number as the question.

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| --- | --- |
| Name: | Date: |
| Address: | DOB: |
| City: | State/Zip: |
| Cell Phone:  | Email:  |
| Employer: | Work Phone: |
| Status: Married \_\_\_\_\_ Cohabitating \_\_\_\_\_ Divorced \_\_\_\_\_ Widower \_\_\_\_\_ |
| Emergency Contact Name and Phone:  |
| Referred by:  |
| Health Plan:  | Commercial or Medi-Cal |
| **Child(ren)**Name: |  |  DOB: Grade in School: |
| Name: |  |  DOB: Grade in School: |
| Name: |  |   DOB: Grade in School: |

1. Describe your relationship with each of the children:

2. Describe a history of your relationship with the other parent or parents if you are the guardian:

3. Describe your goals for counseling:

4. Describe your concerns for counseling:

5. How would you want to grow personally in this process?

6. What do you think will be the most significant challenges to achieve the stated goals?

7. What do you wish your child(rent) understand about you? How have you attempted to communicate
 this to each child?