



REUNIFY FOUNDATIONS
GENERAL SERVICE INQUIRY FORM

Reconnect. Restore. Rebuild.

SECTION 1: CONTACT INFORMATION

Full Name: _____ Phone Number:

Email Address: _____

Preferred Method of Contact (Phone / Email): _____

Best Time to Contact: _____

SECTION 2: SERVICES REQUESTED (Check all that apply)

- Supervised Parenting Time
- Safe Exchange Services
- Reunification Support
- Mediation Services
- Parenting Support / Coaching
- Youth Support Services
- Employment Readiness (Resume / Mock Interviews)
- Clothing Closet Support
- Homelessness Prevention Support
- Youth Group / Support Sessions
- Incarceration Family Connection Support
- Resource Navigation / Referrals

Other: _____

SECTION 3: SERVICE DETAILS

Child(ren) Name(s) & Age(s): _____

County / Location: _____

Is there a current court order? (Yes / No): _____

Brief description of support needed: _____

Urgency Level (Low / Moderate / High): _____

SECTION 4: SAFETY CONSIDERATIONS

Domestic violence concerns? (Yes / No): _____

Safety concerns we should be aware of: _____

Additional notes: _____

SECTION 5: AGREEMENT

I understand this form is an inquiry and does not guarantee services.

I understand Reunify Foundations will follow up to determine next steps.

Signature: _____

Date: _____