



REUNIFY FOUNDATIONS

Supervised Visitation Intake Form

Reconnect. Restore. Rebuild.

SECTION 1: GENERAL INFORMATION

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Preferred Method of Communication: email phone _____

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

Child(ren) Age(s): _____, Child(ren) Age(s): _____

Other Party Name(s): _____, _____,
_____, _____

Relationship to Child(ren): _____

SECTION 2: COURT ORDER DETAILS

Is there a current court order in place? YES NO Case Number: _____, County _____

Frequency of visits: _____ Duration of visits: _____

Supervision level (if specified): _____

Restrictions noted in order: _____

Safety concerns outlined: _____

SECTION 3: VISITATION HISTORY

Worked with a supervised visitation provider before? YES NO If yes, provider name: _____

Reason for transition: _____

Previous unsupervised visits? YES NO

SECTION 4: SCHEDULING & LOCATION

Preferred start date: _____ Preferred days/times: _____

Able to travel to downtown Minneapolis? YES NO

If no, preferred location/City: _____

SECTION 5: CHILD & FAMILY CONSIDERATIONS

Medical conditions? YES NO If yes, what are they? _____

Allergies? YES NO

Mental health concerns? YES NO

Developmental needs? YES NO

ADA accommodations needed? YES NO

Behavioral concerns/triggers: _____

Dietary restrictions: _____

Medications: _____

Cultural/religious considerations: _____

SECTION 6: SAFETY & RISK FACTORS

Domestic violence concerns? YES NO

Substance use concerns? YES NO

Other safety risks? YES NO

If yes, describe: _____ Who: _____

SECTION 7: GOALS FOR VISITATION

Goals for visits: _____

What would a successful visit look like? _____

SECTION 8: FINANCIAL CONSIDERATION

Interested in sliding fee scale? YES NO

Note: Reduced rates (up to 30%) may be considered based on financial need and available program capacity. Income verification is required (two recent pay stubs or equivalent documentation).

Approval is not guaranteed and will be determined after intake review

SECTION 9: AGREEMENT & ACKNOWLEDGMENT

Initial each:

___ Neutral third-party provider

___ Follow court order

___ Intake required for all parties

___ Payment & cancellation policies apply

___ \$25 fee for <24-hour cancellations

Signature: _____

Date: _____

By signing above, you acknowledge that you have read and understand the information provided in this intake form.

REUNIFY FOUNDATIONS – IMPORTANT INFORMATION & DISCLAIMER

Reunify Foundations provides supervised visitation services as a neutral third-party provider. All services are conducted in accordance with the applicable court order and established program guidelines.

Reunify Foundations does not provide legal advice, legal representation, or therapeutic services.

Participation in services is voluntary unless otherwise ordered by the court. Providing accurate and complete information is required to ensure services are safe, appropriate, and aligned with court expectations.

Reunify Foundations reserves the right to pause, reschedule, or discontinue services if safety concerns arise, policies are not followed, or if services are no longer appropriate.