Defenders of Children

Confidential

CLINICAL SERVICES

MINOR CHILD CLIENT PRE-INTAKE PACKET

Welcome. We're glad you're here.

(Please complete one intake form for <u>each</u> child for whom you are seeking counseling.)

Your Legal Name and Date of Birth:	Today's Date:
Other Parent's Legal Name and Date of Birth:	Your child's legal name and date of birth: Your child's gender/gender identification:
Your Current Street Address: Your cell phone: Your Email Address: Your Marital Status:	Your Home/Cell Phone: Permission to call? ☐ **Yes or** ☐ **No** If "Yes", please provide your initials: ____ Permission to leave a voicemail message? ☐ **Yes or** ☐ **No** If "Yes", please provide your initials: ____ Other Parent's Contact info:
Emergency Contact Person Legal Name Relationship to your minor child:	Is the child's other parent aware that you are requesting therapy services for your child?. ☐ **Yes or** ☐ **No**
Your lawyer's name and contact information (if there's a pending Family Court case and if applicable) Case # (if applicable)	Other Parent's Lawyer (if there's a pending Family Court case and if applicable)

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CHILD/ADOLESCENT CLIENT PRE-INTAKE PACKET

The following Information is for statistical purposes only for our grant funding.

- Your Age: _____
- Your Gender/Gender Identification: _____
- How many live in your household? _____
- Your Race: _____
- Are you disabled? ☐ Yes or ☐ No
- Are you a veteran? ☐ Yes or ☐ No
- Are you in a domestic violence, homeless shelter, or transitional housing? ☐ Yes or ☐ No

*I and/or your minor child are the victims of the following crime(s) & check as many as may be applicable and please indicate and mark **"C"** for child **"P"** for parent:*

(THIS INFORMATION IS MANDATORY UNDER OUR GRANT FUNDING)

Adult Sexual Assault		Human Trafficking: Labor or Sex	
Adults Sexually Abused/Assaulted as Children		Stalking/Harassment	
Child Pornography		Kidnapping (noncustodial)	
Bullying (Verbal, Cyber, or Physical)		Kidnapping (custodial)	
Domestic and/or Family Violence		Teen Dating Victimization	
Adult Physical Assault (includes Aggravated and Simple Assault)			

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DISCLOSURE STATEMENT:

Clients are discouraged from having counselors at Defenders of Children Clinical Services subpoenaed for the purpose of litigation. The counselor's role is NOT to make recommendations to the court concerning custody or parenting issues. The counselors have not been trained forensically or with the expertise to appear in court. If you are involved in domestic litigation or become a party to a divorce or custody action, you agree that you will not request our counselors testify in your family court matter. The Courts appoint professionals, who have had no prior contact with a family to investigate or custody evaluations and to make recommendations to the Court concerning parental responsibilities or parenting time in the best interests of the family's children. It is DofC's policy not to testify in such cases, because experience has shown that the professional relationship is often harmed when counselors testify in divorce and custody cases. Please discuss this with the agency counselor during the referral intake appointment if you have any further questions or concerns regarding the DofC's divorce and custody litigation disclosure statement.

CONTRACT OF AGREEMENT & INFORMED CONSENT

Psychotherapy may involve the risk of remembering unpleasant events and can arouse intense emotions of fear and anger. Intense feelings of guilt, anxiety, and depression, frustration, loneliness or helplessness may also be aroused.

The benefits of psychotherapy may be that you will be better able to cope with or handle your family or social relationships, thus experiencing more satisfaction from those relationships. You may also gain a better understanding of your personal goals and values. This may lead to a greater level of maturity and growth as a person.

Licensed Professional Counselors (LPC) and Licensed Professional Social Workers (LCSW) are not physicians and CANNOT prescribe or provide you medications or perform any medical procedures. If medical treatment is needed or warranted, you may be referred to your current Primary Care Provider or other physician for further assessment, information or treatment.

- The Parent/Legal Guardian agrees to notify the therapist a minimum of 24 hours' advanced notice if the client (Your minor child, name listed below) cannot make it to their session and acknowledges that three (3) missed sessions without advanced notification may result in a termination of services, as we have many more clients who need services.

- The Parent/Legal Guardian of the client (your minor child) is aware that these services are provided freely, under federal grant eligibility, with no cost to you and the client.

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- The Parent/Legal Guardian of the client (your minor child) understands that confidentiality is very important. Anything said in the sessions stay in the sessions and is not discussed outside the office.

LIMITS OF CONFIDENTIALITY

As LPCs/LCSWs, we follow the ethical and legal guidelines of our profession, and will adhere to the Ethics Codes as established by the American Psychological Association (APA). In accordance with these ethics and laws, confidentiality may be broken for the following reasons:

1. There is substantial or imminent danger of physical harm to yourself or others.
2. There is suspicion of abuse or neglect of a minor dependent adult.
3. If mandated (NOT subpoenaed) by a court of law.

I, the undersigned Parent/Legal Guardian have read and agree with the above rules and am willing to commit to the therapeutic process.

Parent/Legal Guardian Print Name and Signature:

_____Date: _____

Minor Child (Print the Client's Full Name and Date of Birth):

_____Date: _____

My signature below indicates that I, the Defenders of Children agency representative have discussed this form with you and have answered any questions you have regarding this information.

Defenders of Children Counselor/Clinician Print Name/Signature:

_____Date: _____