



Parent Intake Form

(To be completed separately by each parent)

Section 1: Parent Contact Information

- **Full Name:**
First Name*: [_____] Middle Name: [] Last Name*: [_____]
- **Date of Birth:** [//_____]
- **Company/Employer (if applicable):** [_____]
- **Email(s):**
 Primary Email*: []
 Additional Email(s): []
- **Address(es):**
Street Address: [_____]
City: [] Province/Region: [] Country: [] Postal Code: []
 Primary Secondary
- **Phone Number(s):**
+1 (____) -
Type: Home Mobile Work
 Primary Additional

Section 2: Relationship to Child(ren)

- Residential Parent (child primarily resides with you)
- Visiting Parent

- **Home Language:** [_____]
- **Preferred Method of Contact:** Phone Email Other: [_____]
- **Best Time to Contact You:** [_____]

Section 3: Other Parent Information

- Full Name: [_____]
- Phone Number: [_____]
- Email Address: [_____]

Section 4: Services Requested (Select all that apply)

- Safe Parenting Time (Supervised Access)
- Supervised Exchange

Section 5: Service Fee Responsibility

- Residential Parent
- Visiting Parent
- Shared (e.g., 50/50, 25/75)
- Other:**
- Arrangement yet to be finalized

Section 7: Child Information

Child 1

- Full Name: _____
- Gender: Male Female Other
- Age: **Date of Birth:**

- Medical Conditions / Special Needs:

- Medication or Interventions Required:

Child 2 (repeat fields as above)

- **Full Name:** _____
- **Gender:** Male Female Other

- **Age: Date of Birth:**
- **Medical Conditions / Special Needs:** _____
- **Medication or Interventions Required:**

Child 3 (repeat fields as above)

- Full Name: _____
- Gender: Male Female Other
- Age: Date of Birth:
- Medical Conditions / Special Needs:
- Medication or Interventions Required:

Section 8: Emergency Contact

- Name: _____
- Phone Number: _____

Section 9: Visitation Details & Documentation

Beamlight Supervision Services does not arrange or negotiate visit locations.

Visits will take place as **ordered by the court or as mutually agreed** upon by both parties.

(Please check all that apply)

- **In-home / Community-based visits**
- **Supervised Exchange**

Monitored virtual visits

- Court order, endorsement, or written agreement? Yes No
- Restrictions around toileting, diapering, or bathing? Yes No
- Parenting Time Schedule (location, timing)? Yes No

- Pending or confirmed criminal charges or bail conditions? Yes No
- Restraining order or no contact order in place? Yes No
- CAS or another Child Protective Agency involved. Yes No
- Car seat or booster seat required during visits. Yes No

Additional Information:

Section 10: Referral Source

How did you hear about us?

Court Lawyer Agency Friend/Family Online Other:

[]

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