PACE FAMILY SERVICES

GENERAL INFORMATION

COPY OF PHOTO I.D.

CLIENT/PARENT INFORMATION:

NAME: _____

ADDRESS: _____

_____

PHONE: _____ ALT: _____

EMAIL: _____

DO YOU CURRENTLY HAVE AN INCOME? YES / NO

SOURCE: _____

HIGHEST LEVEL OF EDUCATION ACHIEVED: _____

EMPLOYMENT EXPERIENCE: _____

EMERGENCY CONTACT: NAME: _____ RELATIONSHIP: _____ PHONE: _____

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FOR SUPERVISED VISITATION ONLY:

☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT*

*IF NON-CUSTODIAL PARENT PLEASE GIVE CUSTODIAL PARENT INFORMATION:

NAME: _____ PHONE: _____

EMAIL: _____

CHILD(REN) INFORMATION:

NAME OF CHILD(REN): _____ AGE(S): _____

DO CHILD(REN) LIVE WITH YOU? YES / NO / SHARED

WHO HAS CUSTODY? PHYSICAL: _____ LEGAL: _____

HOW DID YOU HEAR ABOUT OUR SERVICES? _____

ARE YOU COURT ORDERED? YES* / NO

*IF YES, BRIEFLY EXPLAIN WHY:

_____

_____

*PENDING COURT DATE? YES / NO IF YES, DATE: _____

SIGNATURE: _____ DATE: _____

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FOR STAFF PURPOSES ONLY:

DATE & TIME SERVICE RENDERED: _____

RATE: _____ TIME: _____

FOLLOW UP: _____ MEETING: _____