Access to Visitation Grant Program
Initial Entry Form

Parent 1 (Non-Custodial Parent)

1. Start Date of Access to Visitation Service: __ __ / __ __ / __ __ __ __

2. Gender:  □ Male  □ Female

3. Date of birth: __ __ / __ __ / __ __ __ __

4. Relationship to child(ren):
   □ Custodial mom
   □ Non-custodial mom
   □ Custodial dad
   □ Non-custodial dad
   □ Grandparent
   □ Legal guardian

5.a. Marital status with child’s other parent (upon entry into program):
   □ Married, (living in the same household)
   □ Separated, (still legally married to each other but living in separate households)
   □ Divorced, (people who have received a legal divorce from each other)
   □ Unmarried, (never married to each other)
   □ Don’t know
   □ Refused

5.b. Cohabitating relationship with child(ren)’s other parent:
   □ Never lived together
   □ Lived together in the past
   □ Live together at this time
   □ Don’t know
   □ Refused

6. Ethnic background:
   □ American Indian or Alaskan Native
   □ Asian
   □ Black or African American
   □ Hispanic or Latino
   □ Native Hawaiian or other Pacific Islander
   □ White (non-Hispanic)
   □ Two or More Races
   □ Don’t know
   □ Refused

7. Is this parent able to receive services in English?
   □ Yes  □ No

8. What language is this parent most comfortable speaking?
   □ English  □ Hmong  □ Other ______
   □ Spanish  □ Japanese  □ Don’t know
   □ American Sign  □ Korean
   □ Armenian  □ Mandarin
   □ Cambodian  □ Tagalog
   □ Cantonese  □ Vietnamese

9. Are services provided in the language the parent is most comfortable speaking?
   □ Yes  □ No

10. Does this parent pay or receive child support?
    □ Yes, the parent pays child support
    □ Yes, the parent receives child support
    □ No, the parent does not pay nor receive child support
    □ Refused  □ Don’t know
11. Is this parent ordered to pay or receive child support?

- □ Yes, the parent is ordered to pay child support
- □ Yes, the parent is ordered to receive child support
- □ No, the parent is not ordered to pay nor to receive child support
- □ Don’t know
- □ Refused

12. Individual annual income before taxes (Including all sources of income):

- □ No Income
- □ $30,000 - $39,999
- □ Less than $10,000
- □ $40,000 or above
- □ $10,000 - $19,999
- □ Don’t know
- □ $20,000 - $29,999
- □ Refused

13. Does coming to this program raise any concern for the parent about their safety or their child(ren)’s safety?

- □ Yes
- □ No
- □ Don’t know

14. Actual End Date of Access to Visitation Service:

___ ___ / ___ ___ / ___ ___ ___ ___

15. Reason for ending service:

- □ Mutual agreement
- □ Completed program
- □ Could not afford it
- □ Failure to comply with center rules
  (if yes…)
  - □ Safety was an issue
- □ Dropped out
- □ Don’t know
- □ Grant fund ended
- □ Other __________________________
Parent 2 (Custodial Parent)

16. Start Date of Access to Visitation Service ___ ___ / ___ ___ / ___ ___ ___ ___

17. Gender:  □ Male  □ Female

18. Date of birth: ___ ___ / ___ ___ / ___ ___ ___ ___

19. Relationship to child(ren):
   □ Custodial mom
   □ Non-custodial mom
   □ Custodial dad
   □ Non-custodial dad
   □ Grandparent
   □ Legal guardian

20.a. Marital status with child’s other parent (upon entry into program):
   □ Married, (living in the same household)
   □ Separated, (still legally married to each other but living in separate households)
   □ Divorced, (people who have received a legal divorce from each other)
   □ Unmarried, (never married to each other)
   □ Don’t know
   □ Refused

20.b. Cohabitating relationship with child(ren)’s other parent:
   □ Never lived together
   □ Lived together in the past
   □ Lived together at this time
   □ Don’t know
   □ Refused

21. Ethnic background: (check all that apply)
   □ American Indian or Alaskan Native
   □ Asian
   □ Black or African American
   □ Hispanic or Latino
   □ Native Hawaiian or other Pacific Islander
   □ White (non-Hispanic)
   □ Two or More Races
   □ Don’t know
   □ Refused

22. Is this parent able to receive services in English?
   □ Yes  □ No

23. What language is this parent most comfortable speaking?
   □ English  □ Hmong  □ Other _____
   □ Spanish  □ Japanese  □ Don’t know
   □ American Sign  □ Korean
   □ Armenian  □ Mandarin
   □ Cambodian  □ Tagalog
   □ Cantonese  □ Vietnamese

24. Are services provided in the language the parent is most comfortable speaking?
   □ Yes  □ No

25. Does this parent pay or receive child support?
   □ Yes, the parent pays child support
   □ Yes, the parent receives child support
   □ No, the parent does not pay nor receive child support
   □ Don’t know
   □ Refused

26. Is this parent ordered to pay or receive child support?
   □ Yes, the parent is ordered to pay child support
   □ Yes, the parent is ordered to receive child support
   □ No, the parent is not ordered to pay nor to receive child support
   □ Don’t know
   □ Refused
27. Individual annual income before taxes (including all sources of income):

- [ ] No Income
- [ ] $0 - $9,999
- [ ] Less than $10,000
- [ ] $10,000 - $19,999
- [ ] $20,000 - $29,999
- [ ] $30,000 - $39,999
- [ ] $40,000 or above
- [ ] Don’t know
- [ ] Refused

28. Does coming to this program raise any concern for the parent about their safety or their child(ren)’s safety?

- [ ] Yes
- [ ] No
- [ ] Don’t know

29. Actual End Date of Access to Visitation Service:

___ ___ / ___ ___ / ___ ___ ___ ___

30. Reason for ending service:

- [ ] Mutual agreement
- [ ] Completed program
- [ ] Could not afford it
- [ ] Failure to comply with center rules
  
  *(if yes…)*
  
  - [ ] Safety was an issue
- [ ] Dropped out
- [ ] Don’t know
- [ ] Grant fund ended
- [ ] Other ____________________________
31. Referral source:

☐ Court order (e.g. judicial officer) or family court services (e.g. mediator, evaluator) or Judicial Council Form  
Go to q. 32

☐ Self-referral

☐ Title IVD (Child Support Case)/Family Law Facilitator/Local Child Support Agency  
Go to q. 33

☐ Non-profit agency

☐ Attorney

☐ Child Abuse Agency

☐ Domestic Violence Agency

☐ Don’t know

☐ Other ________________________________

32a. Reason for referral: (check all that apply)

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>P1</th>
<th>P2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse allegations or history</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Child sexual abuse</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Child physical abuse</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Child emotional abuse allegations or history</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Child neglect allegations or history</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Domestic violence allegations or history (if yes…)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Child resided in household where domestic violence was perpetrated</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Parenting concerns (allegations or history)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Abduction risk (threatened or attempted kidnapping)</td>
<td>☐</td>
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<tr>
<td>Substance abuse allegations or history (if yes, please specify)</td>
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<td>☐</td>
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<tr>
<td>Alcohol</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Psychoactive drugs</td>
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<td>☐</td>
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<tr>
<td>Prescription drugs</td>
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<td>Mental illness</td>
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<td>☐</td>
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<tr>
<td>Lack of access</td>
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<td>☐</td>
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<tr>
<td>Reintroduction/lack of contact</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Don’t know (court order does not specify reason for referral)</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Go to q. 33
32b. Court order history from Form FL-341(A):

1) Date of Initial Order: 

Service Type (Check all that apply):
- SV
- SE

Duration of each session: hours;
Frequency: hours per week;
Duration of the order weeks total
- Order does not specify
- Further order of the court

2) Date of Modification: 

Service Type (Check all that apply):
- SV
- SE

Duration of each session: hours;
Frequency: hours per week;
Duration of the order weeks total
- Order does not specify
- Further order of the court

☐ Missing Order Info (from FL-341(A))

33. Is there any restraining order in effect now that prevents one parent from coming near or having any contact with the other?

<table>
<thead>
<tr>
<th>Against P1</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Against P2</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Child Information

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>a. Date of birth:</td>
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<td>/ / /</td>
</tr>
<tr>
<td>b. Gender:</td>
<td>□ Female</td>
<td>□ Female</td>
<td>□ Female</td>
<td>□ Female</td>
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<td>□ Male</td>
</tr>
</tbody>
</table>

40. Total number of children receiving services _______

### Other Information

41. Is there anyone else (in addition to the parents and children listed in this form) designated to pick-up/drop-off or visit with the child(ren)?
   □ No
   □ Yes → 41.b. What is their relationship with the child? ____________________________________________