

NEW TRADITIONS
Intake Form

Name:
How did you hear about us?
What issues can we help you with? Circle any: Assessment / DUI related / CPS case / Child custody case / Probation Relapse prevention / Housing / Parenting education / DV issues / Mental health Other needs:
What can we do to help you attend appointments? <input type="checkbox"/> reminder phone call the day before your appointment <input type="checkbox"/> reminder phone call the morning of your appointment <input type="checkbox"/> other:

How can we reach you by phone:

() _____ Is it okay to leave a message at this number?
() _____ Is it okay to leave a message at this number?

Will you need childcare? How many children: _____

Name: _____ Age _____
Name: _____ Age _____
Name: _____ Age _____

For DCFS Use Only:
Is this a CA Parents in Reunification referral? Y / N
Contact Name: _____ Phone: _____
Signature: _____ Fax: _____