***PARENT REGISTRATION FORM Supervised Parenting***

**Once the form is completed please return to FamilyWise using the following e-mail**

**intake@familywiseservices.org** **OR Fax: 612-617-0193**

**Please include a picture ID and your court order. IF you are the victim of a crime include your court documents that reflect that.**

**$50.00 this registration fee must be paid by the start of your first visit.**

**All payments for services must be made 24 hours in advance of service and using the secure online payment method below:**

1. Go to website: https://familywiseservices.org/programs-services/supervised-parenting-services/
2. Click on the blue button at the top of the page ‘Pay for Supervised Parenting or Safe Exchange Services’
3. Fill in the form. All fields are required.

Click Pay. A receipt will be sent to the email address you entered in the form

1. Parent Name: DOB:

Address: City State Zip

Phone: E-Mail:

**I am the:**

[ ]  Visiting party

[ ]  custodial party/ primary care giver

[ ]  has visitation rights only

1. Parent Name: DOB:

Address: City State Zip

Phone: E-Mail:

**Parent 2 is the:**

[ ]  Visiting party

[ ]  custodial party/ primary care giver,

[ ]  has visitation rights only

**All fees are either determined by court order or split between the two parties**

[ ] 1:1 –$67.00 per hour

[ ] Group- $45.00 per hour

[ ] Transitional $23.00 per hour

[ ] Therapeutic Supervised Parenting $75.00 per hour- only service with a sliding fee scale- short term service

[ ] Virtual Visits using Zoom Health $45.00 per session

[ ] Training offered for a third party to support family/friend visitation

**I prefer to be scheduled at:**

[ ]  3036 University Ave SE Minneapolis, MN 55414

[ ]  281 Maria Ave Saint Paul MN 55106

**The following Time of day**

[ ] Morning

[ ] Afternoon

[ ] Evening

**Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s full name | Date of Birth | Gender | Ethnicity | Who do they currently live with? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Have your child(ren) been diagnosed with a physical or mental health diagnosis?**

[ ] Yes

[ ] No

If yes, please explain:

**To the best of your knowledge has/have your child(ren) met their developmental milestones?**

 [ ] Yes [ ] No

Upon receipt of your paperwork a staff will contact you to schedule a virtual or Phone intake to answer your questions and gather additional information.

Once all the requested documents and information is received you will be placed in pending status until both parties to the matter have completed the intake process. Once all paperwork is received and the file is complete your family will be sent to scheduling.

You will receive the first available day, date and time at either location. If your family has been offered two or more options based on your requests and you fail to reach an agreement, your file will be closed and you will be asked to return to court or your court liaison to change your court order to another provider.

**When services are no longer needed, the visiting party is responsible for emailing discharge information.**

**Make sure you have:**

[ ]  completed this form

[ ]  included your picture ID

[ ]  included your court orders

[ ]  included your OFP, DANCO orders if applicable

[ ]  determined how fees are to be paid

[ ]  agree to remain flexible in days, dates and times for the benefit of the children