**Return completed registration form to intake@familywiseservices.org**

Please include a copy of your picture ID and your court order. If you are the victim of a crime include your court documents that reflect that. $50.00 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 using the secure online payment method below:

1. Go to website: <https://familywiseservices.org/asp-payment-box/?product_id=1997>
2. Fill in the form. All fields are required.
3. Click Pay. A receipt will be sent to the email address you entered in the form

# PARENT INFORMATION

## Parent 1

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name |  | Date of Birth |  |
| Addresses |  | City, State, Zip |  |
| Phone |  | Email |  |

**I am the:** [ ]  Visiting party [ ]  custodial party/ primary care giver [ ]  has visitation rights only

## Parent 2

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name |  | Date of Birth |  |
| Addresses |  | City, State, Zip |  |
| Phone |  | Email |  |

**I am the:** [ ]  Visiting party [ ]  custodial party/ primary care giver [ ]  has visitation rights only

# FEES

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | **One on One:** $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 |

# LOCATION & TIME

|  |  |
| --- | --- |
| **I prefer to be scheduled at:** | **I prefer the following times:** |
| [ ]  | 3036 University Ave SE Minneapolis, MN 55414 | [ ]  | Morning |
| [ ]  | 281 Maria Ave Saint Paul MN 55106 | [ ]  | Afternoon |
|  |  | [ ]  | Evening |

# Children

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

# People Your Child Has a Significant Relationship With (grandparents, etc.)

|  |  |
| --- | --- |
| Full Name | Relationship to the child(ren) |
|  |  |
|  |  |
|  |  |
|  |  |

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

[ ] 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.**

**Please 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**

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