



Client Intake

Date:

PARTICIPANT INFORMATION

Full legal name:

Other names / aliases:

Date of birth: Age: Pronouns:

Photo ID type: ID number:

Home address:

City: State: ZIP:

Cell phone: Email:

Preferred contact method:

Social media username(s), if relevant:

CASE AND REFERRAL INFORMATION

Case number: County / circuit:

Case manager / referring professional:

Agency: Phone / email:

Reason for referral / involvement with Bright Beginnings:

Current court-ordered service:

☐ Supervised visitation ☐ Supervised exchange ☐ Virtual visitation ☐ Other



Children and Safety Information

CHILDREN INCLUDED IN SERVICES

Child legal name	Date of birth	Allergies	Medical / support needs

SAFETY AND BACKGROUND

Are you currently, or have you previously been, involved in a domestic violence injunction or case? ☐ Yes ☐ No

If yes, provide dates, parties involved, and any current restrictions:

Have you ever been arrested? ☐ Yes ☐ No

If yes, explain the date and circumstances:

Are you currently on probation or community supervision? ☐ Yes ☐ No

Probation officer and contact information:

Are there medical, behavioral, mobility, allergy, or accessibility needs we should know about? ☐ Yes ☐ No

If yes, explain (include emergency medications, if applicable):

Emergency contact

Name:

Relationship:

Phone:

Alternate phone:



Services and Professional Contacts

CURRENT OR COMPLETED SERVICES

☐ Counseling	(Individual / group / couples)	Dates:	<input type="text"/>	Provider / location:	<input type="text"/>
☐ Anger management		Dates:	<input type="text"/>	Provider / location:	<input type="text"/>
☐ Psychological evaluation		Dates:	<input type="text"/>	Provider / location:	<input type="text"/>
☐ Parenting classes		Dates:	<input type="text"/>	Provider / location:	<input type="text"/>
☐ AA / NA / recovery meetings		Dates:	<input type="text"/>	Provider / location:	<input type="text"/>

Other services currently involved with or completed:

FAMILY NEEDS

Are there services, resources, accommodations, language supports, or other family needs not being provided?

LEGAL AND CASE CONTACTS

Has a Guardian ad Litem been appointed? ☐ Yes ☐ No

Guardian ad Litem: Phone / email:

Do you have an attorney? ☐ Yes ☐ No

Attorney: Phone / email:

Other professional contact: Role / contact:

ADDITIONAL INFORMATION

Please share anything else that may help us provide safe, child-focused services:



Program Rules and Expectations

Please initial each item after reviewing it. These rules support safe, neutral, child-focused services. Court orders and the signed service agreement may include additional requirements.

1. I will follow all Bright Beginnings policies, staff directions, applicable court orders, and safety procedures.
2. I will confirm appointments by the deadline provided by the center and give at least 24 hours notice for cancellations, except in a documented emergency.
3. I will communicate respectfully. Threats, harassment, yelling, profanity, name-calling, or disparaging comments about another parent, staff member, or professional are prohibited.
4. Only individuals authorized by the court order and approved by Bright Beginnings may attend or participate.
5. Sessions begin and end at the scheduled times. Late arrival may shorten or cancel a session according to program policy.
6. Alcohol, illegal drugs, and misuse of medication are prohibited. A session may be denied or ended when impairment is suspected or safety is affected.
7. Weapons of any kind are prohibited on Bright Beginnings property, including inside the center and in the parking area, except when carried by an on-duty law enforcement officer acting in an official capacity.
8. Smoking and vaping are prohibited inside the center and in any posted smoke-free areas.
9. Gifts and food require advance staff approval. All permitted photographs and videos must be taken during the first 15 minutes of the visit. After that time, cell phones must be placed in the designated basket for the remainder of the visit.
10. No whispering, secret messages, coaching, promises about case outcomes, or discussions of litigation, the court case, or future living arrangements may occur with a child.
11. Animals are not permitted unless approved in advance as a legally recognized accommodation.
12. Physical discipline, intimidation, threats, or inappropriate physical contact are prohibited. Staff may redirect behavior or end a session when necessary.
13. The visiting participant must remain on the property until released by staff and must follow arrival/departure and separation procedures.
14. Participants must bring age-appropriate necessities requested by staff, including diapers, wipes, feeding supplies, medication, or comfort items.
15. Bright Beginnings may pause, shorten, or end a service when a child is ill or distressed, a safety concern arises, a participant violates policy or a court order, or continued service is not clinically or operationally appropriate.
16. Repeated unexcused absences, nonpayment, threatening behavior, or repeated policy violations may result in suspension or termination, subject to applicable court requirements.

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:



Acknowledgments and Signatures

PRIVACY, MONITORING, AND REPORTING

I understand that visits and exchanges are observed and documented by Bright Beginnings staff. Information may be shared as authorized or required by a court order, written agreement, law, or safety obligation. The center does not promise confidentiality when disclosure is legally required, including mandated reports of suspected abuse or neglect.

☐ I acknowledge and understand this statement.

If video surveillance is used at the facility, Bright Beginnings will provide notice and will handle recordings according to applicable law, court orders, and center policy. Personal recording by participants is prohibited unless expressly approved in advance.

☐ I acknowledge and understand this statement.

PARTICIPANT ACKNOWLEDGMENT

I confirm that the information in this intake is accurate to the best of my knowledge. I have reviewed and understand the program rules. I agree to comply with those rules, applicable court orders, and staff safety directions. I understand that failure to comply may result in a session being ended, services being suspended, or services being terminated, with notice provided as applicable.

Participant printed name:

Participant signature: Date:

Staff / witness printed name:

Staff / witness signature: Date:

OFFICE USE ONLY

Intake completed by: Date:

Court order reviewed by: Date:

Service status: ☐ Accepted ☐ Pending ☐ Declined

Administrative notes: