

## Harmony House

### Non-Domiciliary Application

### Participant Intake Form

Today's Date: \_\_\_\_\_

( ) Visitation ( ) Exchange

#### **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Make, model, year, and color of car: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Age: ( ) 18-24 ( ) 25-44 ( ) 45-64 ( ) 65 +

Gender: ( ) Male ( ) Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Current Spouse's Name: \_\_\_\_\_

Are you the ( ) **custodial (residential)** or the ( ) **visiting (non-residential)** parent?

Number of child (ren) supervised: ( ) one ( ) two ( ) three ( ) four or more

Your ethnicity: **(optional)**

( ) African American / Black

( ) Hispanic / Latino

( ) Asian

( ) Caucasian

( ) American Indian / Native Alaskan

( ) Asian / Pacific Islander

( ) Other: \_\_\_\_\_

Your level of education: **(optional)**

( ) Not graduated from High School

( ) G.E.D.

( ) High School Graduate

( ) Technical School

( ) Some College

( ) College Graduate

( ) Advanced Degree

Who referred you to Harmony House Supervised Visitation and Exchange Center?

- |   |  |
|---|--|
| <input type="checkbox"/> The Judge                  | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Lawyer                     | <input type="checkbox"/> Friend                    |
| <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> Don't Know                |
| <input type="checkbox"/> Medical Professional       | <input type="checkbox"/> Other: _____              |

Do you have a disability? ☐ yes ☐ no

Do your children have a disability? ☐ yes ☐ no

What accommodations do you need? \_\_\_\_\_  
\_\_\_\_\_

What are your goals for the supervised visits or exchanges? \_\_\_\_\_  
\_\_\_\_\_

What type of problems have you had with visitation or exchanges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you:

- ☐ Separated from the biological parent of the supervised child  
☐ Divorced from the biological parent of the supervised child but not remarried  
☐ Divorced from the biological parent of the supervised child, but remarried, with no children in the current marriage  
☐ Divorced from the biological parent of the supervised child, but remarried, with Children in the current marriage  
☐ Never married

Date of separation from the biological parent of the supervised child: \_\_\_\_\_

Date of divorce from the biological parent of the supervised child: \_\_\_\_\_

What events lead to the current need for supervised visitation or exchange?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who requested supervised visits or exchanges? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale from 1 to 7, what level of cooperation exists between you and the child's other parent

1                      2                      3                      4                      5                      6                      7

None

very good

Have you every completed a parenting class in the past?

☐ yes

☐ no

Were the classes court ordered?

☐ yes

☐ no

If so, where? \_\_\_\_\_

Are you currently attending parenting class?

☐ yes

☐ no

Were the classes court ordered?

☐ yes

☐ no

If so, where? \_\_\_\_\_

Are you currently attending any other classes? ( ) yes ( ) no

Were the classes court ordered? ( ) yes ( ) no

What type? \_\_\_\_\_

Where? \_\_\_\_\_

Have you been in counseling in the past? ( ) yes ( ) no

Are you currently attending counseling? ( ) yes ( ) no

If so, reasons related to:

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Name of Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you completed or are you in the process of completing a Psychological or Psychiatric Evaluation? ( ) yes ( ) no

If yes, is the evaluation complete? ( ) yes ( ) no

Who is conducting the evaluation? \_\_\_\_\_

Are you under the care of a physician? ( ) yes ( ) no

Are you on any medication? ( ) yes ( ) no

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List medications \_\_\_\_\_

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Do you have a history of substance abuse? ( ) yes ( ) no

Has treatment been sought? ( ) yes ( ) no

Length of sobriety: \_\_\_\_\_

Are you currently on Probation or Parole? ( ) yes ( ) no ( ) Probation ( ) Parole

If yes, what for? \_\_\_\_\_ Expires: \_\_\_\_\_

Probation/ Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What are the special conditions? \_\_\_\_\_

Have you ever been on Probation or Parole? ( ) yes ( ) no ( ) Probation ( ) Parole

If yes, when and what for? \_\_\_\_\_

Have you ever had a protective/restraining order placed against you? ( ) yes ( ) no

If yes, when and in what parish? \_\_\_\_\_

Is it expired? ( ) yes ( ) no

Have you ever placed a protective/restraining order against the other party? ( ) yes ( ) no

When and in what parish? \_\_\_\_\_

Is it expired? ( ) yes ( ) no

Does the other party have a criminal record that you were the complainant on? ☐ yes ☐ no  
If yes, when and what for? \_\_\_\_\_

Is Child Protection Services involved? ☐ yes ☐ no ☐ Past ☐ Present

Reason: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you currently receiving services from any other agency? ☐ yes ☐ no

If yes, what agency? \_\_\_\_\_

What services are you receiving? \_\_\_\_\_

What is the child's primary home and present living arrangement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note if there has been a change in their primary home within the last 24 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever been in foster care in the past? ☐ Yes ☐ No

What type of problems has the child had with visitations or exchanges?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any developmental needs? ☐ Yes ☐ No

If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child currently attending counseling? ☐ Yes ☐ No

Name of child's therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If so, for reasons related to:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special concerns that Harmony House should be made aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL INFORMATION:**

Judge: \_\_\_\_\_ Court #: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Attorney for Custodial Parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attorney for Non-Custodial Parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

When was your last Court appearance? \_\_\_\_\_

When is your next scheduled Court appearance? \_\_\_\_\_

Does a Protective Order exist? ( ) Yes ( ) No

Date issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What is the Current Visitation / Exchange schedule?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Grandparents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT PLAN:**

What is the order of the Court about who will pay for the services at Harmony House?

- ( ) visiting parent will cover all expenses  
( ) custodial parent will cover all expenses  
( ) visiting and custodial parents will divide expense equally (50/50)  
( ) other: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Harmony House Intake \_\_\_\_\_ Staff: Date: \_\_\_\_\_

## NON-DOMCILIARY PARENT AGREEMENT

I, \_\_\_\_\_, understand that my goal is to facilitate the best interest of my child(ren). With that in mind, I agree to abide by the following:

1. I will follow the directions and instructions of all monitors and the center coordinator at all times. I will not harass, argue, or curse the Harmony House staff including security. I will not permit my children or anyone else to harass, argue, or curse the Harmony House Staff, including security. I understand if this behavior occurs and if I do not cooperate with the monitors or center coordinator this behavior and non-cooperation will put into my record and reported to the judge as violating the rules of Harmony House.
2. I will not use drugs or alcohol within 24 hours of visiting with my children or during a schedule visit. I understand that my visit may be cancelled if there is a suspicion that these substances have been used.
3. I will arrive at the visitation center at the specific time of arrival 15 minutes before the visit is to begin and to leave 15 minutes after the visit ends.
4. I understand that only those persons authorized in the order or referral may visit. Any other persons must get approval pursuant to Harmony House guidelines and directions. I understand that others will be allowed to visit based on the availability of monitors and space. **WARNING: IF YOU BRING PEOPLE WITH YOU TO A VISIT AND IT HAS NOT BEEN CONFIRMED BY THE CENTER COORDINATOR, THEY WILL NOT BE ALLOWED TO VISIT.**
5. I understand that according to its policy, Harmony House has the right to change the times and dates of the schedule visitations. Missed times may or may not be made up.
6. I understand that I will at times be contacted to change the times and/or days of the visitation and that I am to cooperate with those changes. I understand that failure to cooperate will be noted in the file and reported accordingly.
7. I will not bring any weapons or articles that could be used to as weapons to the visit. I understand that security has the right to search for weapons and, if necessary, check in on visits.
8. I will not follow or harass another party before or after a schedule visit. This include waiting in the parking lot areas and watching who is coming and/or going to the Harmony House Center. I will not ask about or when the other parent is coming or going.
9. I will not speak negatively about the child(ren's) custodial parent in front of the child(ren).

10. I will not speak negatively about the child(ren) custodial parent in front of or to the Harmony House Staff.
11. I will not talk about adult issues, such as court proceedings with the children nor will I ask about the custodial parent's whereabouts or activities.
12. I will not make promises to the children about future living arrangements nor will I discuss future arrangements with the children during visits.
13. I will not remove the clothing, hats, ribbons, etc. the children are wearing when they come into Harmony House unless the clothing gets soiled. If soiled, I will notify the monitor if a change of clothing is needed.
14. I will not use the children as a messenger- I will not send written or verbal messages to the other parent via the children. I will not tell the child (ren) negative, hurtful, or problematic things to say to the other parent at the beginning of the visitation nor to the child (ren) once the visitation is over.
15. If the child (ren) make(s) any statement or reference to any alleged or confirmed abuse. I will listen to what the children has to say and then change the subject and move on. If I need assistance, I will ask the monitor.
16. I will notify Harmony House Visitation Center by noon on Thursday if I cannot attend a visit; otherwise, I understand that I'm responsible for payment of the missed visit. The only excuse for nonpayment is a medical excuse from the doctor confirming an emergency visit or medical necessity. I further understand that if the child (ren) refuse(s) to visit or becomes so upset that the visit cannot be completed that I'm responsible for the cost of visit.
17. I will follow the directions and suggestions of the visit monitor/supervisors/ security during contact. I may have the Harmony House and also while visiting the child(ren).
18. I agree not to use physical punishment, the threat of physical or profanity with the children during visit.
19. I agree not to inspect the children for evidence of physical abuse by removal of clothing for purpose of identifying signs of physical abuse.
20. I agree that I'm not allowed to take the children to the restroom without notifying and obtaining permission from the monitor. I agree that at times a monitor may escort my child (ren) to the restroom.

21. I will also notify a monitor and obtain permission if I must leave the room for any reason before doing so. I agree that I' am not allowed to leave the building once the visitation has begun.
22. I agree not to attempt to hide my conversation with the child (ren) by whispering or in any manner. All conversations must be audible to the visitation monitor.
23. I agree that I' am allowed to bring a camera or video camera to this facility without permission from Harmony House Staff.
24. I agree by the New Orleans Visitation Center's gift policy: I may bring shoes or article of clothing for the children to any visit. I may bring gifts at Christmas, birthdays, and any other holidays. Gifts may be put in gift bags so that they may be easily inspected. Food is allowed if cleared by the monitors. Other gifts are allowed unless the other parent objects or the court order prohibits.
25. I agree that my visitation file is confidential, but that the court, attorneys, social services, participating parents, guardians, therapist may have access to my files as provided by law.
26. I understand that breaking this agreement may lead to the suspension or termination of visitation services at Harmony House Visitation Center and will become a part of my official file reported to the judge and the court.
27. I agree that I will treat Harmony House Visitation Center Staff with respect and will not threaten or intimidate staff either in person or on the phone.
28. I agree if I have a complaint I will complete the Harmony House complaint form.

I have received a copy of these policies.

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Print Name

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Signature of Visiting Parent

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Witness

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Date



Harmony House  
Supervised Visitation It Exchange Center  
Authorization of Emergency Release

I \_\_\_\_\_ hereby authorize Harmony House Supervised Visitation & Exchange Center to release my child(ren) to the following individuals in any emergency situation when I cannot be reached. I understand that in a non-emergency situation my child(ren) will not be released to the following individuals unless I have given my written or verbal approval prior to the scheduled service. I am aware that if I elect not to release my child(ren) to any other individuals, Child Protection Services will be notified in the event that I cannot be reached.

Emergency Contact # 1

Name: \_\_\_\_\_  
Relation to child (ren): \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
DL# \_\_\_\_\_ License Plate: \_\_\_\_\_

Emergency Contact # 2

Name: \_\_\_\_\_  
Relation to child(ren): \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
DL# \_\_\_\_\_ License Plate: \_\_\_\_\_

Emergency Contact # 3

Name: \_\_\_\_\_  
Relation to child(ren): \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
DL# \_\_\_\_\_ License Plate: \_\_\_\_\_

I have attached copies of the following materials for each listed contact: valid  
Driver's license.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_

Date: \_\_\_\_\_

Harmony House  
Supervised Visitation & Exchange Center

CONSENT FOR ADDITIONAL VISITORS

To: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ has requested that the person/people listed below be allowed to attend visits. In accordance with our policy number \_\_\_\_\_, any additional person(s) attending a visit will be allowed to do so by mutual written consent of both (parental) parties. Please indicate your response to the request by initialing the line that represents your answer.

Name of visitor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May attend visits with my child (ren) while at Harmony House Supervised Visitation & Exchange Center.

\_\_\_\_\_ May NOT attend visits with my child (ren) while at Harmony House Supervised Visitation & Exchange Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

THE NEW ORLEANS VISITATION CENTER RELEASE FROM LIABILITY

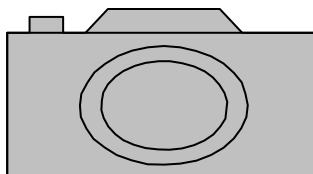
Participants who use the service provided by The New Orleans Visitation Center / Harmony House Supervised Visitation and Exchange Center of Kingsley House do so at his/her own risk and shall indemnify The New Orleans Visitation Center / Harmony House of Kingsley House against any expenses, loss, cost, damage, claim, action or liability paid, suffered or incurred as a result of any action taken by Participants, participants, participant agents, servants, or employees, or as a participant's carelessness, negligence or improper conduct of participant, his/her agents, servants, or employee.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness

Harmony House  
Supervised Visitation & Exchange Center



**PERMISSION TO TAKE PHOTOGRAPH OF MINOR CHILD(REN)**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
I \_\_\_\_\_ hereby authorize Harmony House  
Supervised Visitation & Exchange Center to photograph the following  
Minor child (ren) for the sole purpose of identification:

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The photograph(s) will be kept at Harmony House Supervised  
Visitation & Exchange Center as part of the file.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

HARMONY HOUSE VISITATION CENTER RELEASE OF INFORMATION

I understand that my records are protected under certain governmental and ethical regulations and cannot be released without my written consent or unless subpoenaed by a court of law. However, Harmony House Visitation Center reserves the right to disclose information upon written request by appropriate involved parties or when there is a concern for the safety and well-being of the child. Persons receiving information may include, but are not limited to the following: court systems; attorneys; social services; participating parents; guardians; therapists; advocacy programs; Child support Enforcement; and child protection agencies. Therefore, I \_\_\_\_\_ authorize Harmony House Center to release information regarding my participation at The New Orleans Visitation Center under the circumstances set out above for the purpose of exchanging information regarding my participation in this program.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness