



PASCO
Counseling
& Visitation

6825 Trouble Creek Rd New Port Richey, FL 34653 Ph: (727) 282-4409 Email: Katie@pascoounseling.com

Client Intake **Date** _____

Full Legal Name: _____
First M Last

(Other Known Alias') _____

Age: _____ Photo ID _____ type _____

Address: _____

Home Phone: _____ Cell: _____

Social media "user" name: _____

Case Manager: _____

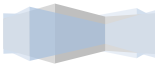
Children's Name	DOB (MM/DD/YYYY)	Allergies	Other

Why are you involved with Pasco Counseling and Visitation? _____

Are you now or have you ever been involved with a DVI? Yes or No
 If yes please explain: (date, person(s) involved etc.)

Have you ever been arrested? Yes or No If yes Why/When? _____

Are you on probation? Yes or No
 If yes who is your Probation Officer? _____





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Do you have any medical issues we need to know about? Yes or No

If yes please list:

Fill in or complete form below where it applies to you:

<input type="checkbox"/> I am currently in Counseling	Dates I go:	Circle Type: personal / group / couples
<input type="checkbox"/> I have / am attending Anger Management	Dates:	Location/County:
<input type="checkbox"/> Psychological	Date:	Location:
<input type="checkbox"/> I have/ are attending Parenting Classes	Date:	Location:
<input type="checkbox"/> I have / or am attending AA/NA/CR meetings	Dates:	Locations

Please list any other services you are involved with are have completed below:

Please list an emergency person and their contact phone number (in case we are not able to contact you)

Name: _____ # _____

Are there any needs or services for your family that are not being provided?

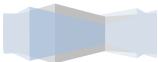
Has a Guardian Ad Litem been appointed to your case? Yes or No

Do you have an assigned attorney? Yes or No

Lawyer/Attorney: _____ Phone: _____

Rules and Regulations

1. I agree to follow all and any rules of Pasco Counseling Visitation Center?
2. I must confirm my visit by noon the day before unless it is a weekend or holiday then I confirm by noon the business day before my visit.
3. There will be no bashing or name-calling of Staff, Case Managers or other parent involved, this will not be tolerated.
4. No one is allowed in visits unless they are listed on the court order.
5. Visits are over at scheduled time.
6. Use of Alcohol or non-prescription drugs are prohibited while visits are happening, If you appear impaired Pasco Counseling and Visitation has the right to urine screen you or cancel visit for the safety of the children.
7. No smoking on the property.
8. No gifts allowed during visits unless approved by the Director before the visit.
9. No profanity during visits.
10. No animals of any kind are allowed during visits.
11. No photos allowed unless approved by the Director.
12. No video taping during visits.
13. Cell phone are to be put in basket outside of visiting room during visits.
14. No whispering or passing notes during visits.
15. There will be no discussion about your Case plan or future plans during visits.
16. Visits may be terminated if (2) or more unexcused visits occur.
17. PC&V has the right to cancel a visit early if, Child becomes sick, child is uncomfortable or extremely upset, Client has failed to comply with the visitation rules and or court order.
18. You are to dress appropriately during visits.
19. Monitor will take child(ren) to the bathroom if needed.
20. If you are visiting a baby in diapers you are responsible to bring a diaper bag to each visits with diapers and wipes.
21. No yelling or Corporal punishment allowed. (If you need help interacting with your child please ask Monitor for help.)
22. Visiting Parent must remain on property until Monitor has released you.



PASCO
**RC Counseling
& Visitation**

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You acknowledge that you are under video Surveillance and these videos can and will be used in court or staffing if the need arises. _____initials

I hereby acknowledge that I have read and understand the above rules and will follow them. If I do not follow the above rules I can and will be terminated from the visitation center.

_____	_____	_____
Name printed	Signature	Date
_____	_____	_____
Witness printed	Signature	Date

