

**Parent Coaching Intake Form**

**Securely email to** **childsafety1stva@gmail.com**

 Client/Parent Information

* Client/Parent Full Name: Click or tap here to enter text.
* Date of Intake: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.
* Primary Phone Number: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Best method of contact (choose one): [ ] Text [ ] Call [ ] Email
* Emergency contact name and phone: Click or tap here to enter text.
* Relationship to child(ren) (optional): Click or tap here to enter text.

Co-Parent/Guardian (if applicable)

* Co-Parent/Guardian Name: Click or tap here to enter text.
* Address: Click or tap here to enter text.
* Phone: Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Relationship to child(ren): Click or tap here to enter text.

Child(ren) Information

* Child(ren) Name(s) and Age(s): Click or tap here to enter text.
* Any special needs or considerations for coaching with each child (optional): Click or tap here to enter text.

Coaching Focus and Goals

* Primary coaching goals (check all that apply or describe):

[ ] Improving parent-child communication

[ ] Dispute de-escalation

[ ] Routines/structure

[ ] Visitation/support strategies

 [ ] Boundary setting

[ ] Child behavior management by positive reinforcement strategy

[ ] Other ExplainClick or tap here to enter text.

* Current challenges you’d like to address: Click or tap here to enter text.
* Any relevant background (court orders, protective orders, prior services): Click or tap here to enter text.
* Preferred coaching format (in-person, tele/phone, virtual): Click or tap here to enter text.
* Duration and intensity (e.g., weekly 60-minute sessions for 6–8 weeks): Click or tap here to enter text.

Scheduling and Logistics

* Availability for sessions (days and times): Click or tap here to enter text.
* Session location (address or virtual platform):Click or tap here to enter text.
* Estimated start date: Click or tap here to enter text.
* Expected frequency (e.g., weekly, biweekly): Click or tap here to enter text.

Participation and Consent

* Consent to participate in parent coaching: [ ] Yes [ ] No
* Consent to communicate with other professionals (e.g., attorney, GAL, therapist) when you provide authorization: [ ] Yes [ ] No
* Mandatory reporting acknowledgment: [ ]  I understand that if there is suspected abuse or imminent harm, staff may be required to report to authorities as per Virginia law.

Payment and Fees

* Fees per session: Click or tap here to enter text.
* Payment methods accepted: credit card online, check, money order
* Cancellation policy for coaching sessions: Failure to provide 24 hour notice of a scheduled session could result in full session charge.
* Sliding-scale/Hardship Eligibility: We offer discounted fees based on financial need. Eligibility may be determined by household size and gross annual income, or by self-reported hardship such as job loss, medical expenses, or other financial strain. All information is confidential and used solely to determine eligibility for a discount. If approved, the discount will be applied to eligible sessions. If you’re unable to provide financial information, you may still participate at standard rates; discounts are limited and not guaranteed.

Release of Information and Privacy

* Authorization to share information with designated parties (names/roles): Click or tap here to enter text.

Safety, Emergencies, and Accessibility

* Medical conditions or accessibility needs relevant to coaching sessions: NONE[ ]  Explain: Click or tap here to enter text.
* Emergency procedures during in-person sessions: NONE[ ]  Explain: Click or tap here to enter text.

Acknowledgments and Signatures

* Client/Parent Signature (Electronic acceptable): Click or tap here to enter text.
* Date: Click or tap here to enter text.

Disclaimers, Terms of Service (Virginia)

* This intake form documents a parent coaching engagement with Child Safety First. Coaching is educational and supportive, not therapy, medical treatment, or legal advice. It does not create an attorney-client relationship or a therapeutic relationship.
* Coaching may reference court orders or legal constraints, but it does not modify or interpret court orders. If a court order exists, that order governs.
* Child Safety First will protect your information to the extent allowed by law. Information may be disclosed only with your written consent or as required by law (e.g., mandated reporting of abuse or imminent harm). Certain information may be shared with designated professionals (e.g., attorney, Guardian ad Litem) when a signed letter and/or subpoena is received.
* Coaching staff address safety and risk reduction but do not intervene in custody enforcement or legal proceedings. If child safety concerns arise, staff may direct you to appropriate resources or authorities.
* Fees, billing methods, cancellation policies, and refunds are described above agreement Nonpayment may suspend services.
* Appointments are scheduled by you and/or the coach. Cancellations follow Child Safety First policy (e.g., 24-hour notice).
* Either party may terminate coaching services at any time.
* This agreement is governed by the laws of the Commonwealth of Virginia.
* Child Safety First may update these Disclaimers, Terms, and Conditions. Changes take effect upon notice. Continued participation after notice constitutes acceptance of updated terms.
* We provide reasonable accommodation for participants with disabilities and do not discriminate on protected characteristics.
* If any provision is invalid, the remaining provisions remain in effect.

By signing or consenting electronically, you acknowledge you have read and understand these terms and that you have authority to participate.

Full Name: Click or tap here to enter text. Date: Click or tap here to enter text.

Thank You for Choosing Child Safety First