



PARENT REFERRAL APPLICATION FORM and INTAKE

Thank you for your interest in therapy services. There are different counselling and intervention options available to meet the needs of the family when parents are separated or divorced. These options include:

Multi-Faceted Family Therapy conducted with all family members participating in various combinations (see MFFT information document)

Conflict Check:

For conflict purposes, please identify the full names of the following: new partners, spouses or significant dating partners.

Date (D/M/Y): ___/___/20___ Referred by _____

Your name: _____

Your date of birth: _____

Preferred daytime tel.(____)_____ Ok to leave messages? Yes No

Email _____

Full address: _____ Postal Code: _____

Who lives in your home with you? _____

Occupation: _____

Your lawyer's name & firm: _____

Tel: (____)_____ Email: _____

List each child's name and other information as indicated:

_____ Male Female D.O.B. _____ Grade: _____

_____ Male Female D.O.B. _____ Grade: _____

_____ Male Female D.O.B. _____ Grade: _____

Does your child(ren) have any special emotional, behavioural, developmental, educational or physical needs formally identified by a qualified professional? If yes, please summarize briefly:

68 Tallwood Circle– London, Ontario – N5X 2S1

Email – efreundbell@gmail.com - Web – www.ellyfreundbell.com

Ph 519 318 4634

What is the current status of your relationship with the other parent?

Divorced Separated Never lived together Married/Common Law

Is there a Separation Agreement: No Yes Date: _____

Are you physically separated from the other parent? Yes No If so, date: ___/___/20___

Date of divorce (D/M/Y): ___/___/20___ Not Applicable

Other parent's name & address: _____

Is the other parent represented by counsel? Yes No Unsure

If yes, provide name: _____ Email: _____

Is there a Court Order(s) for counselling or a reunification program in place? Yes No

Does other parent consent to services? Yes No Unsure

Does other parent know, or have you advised him/her you are seeking information or services?

Yes No If no, are you willing to ask him/her to contact us for information or to start an application process? Yes No

Do you have a final parenting plan? Yes No If yes, date: _____

If yes, is this parenting plan a Court Order? Yes No If yes, date: _____

(Please provide an electronic copy when returning this form.)

What does the Court Order or parenting plan indicate for parenting responsibility? (i.e. how major child-related decisions are made)

Supply the exact wording of the dispute resolution clause in your parenting plan or Court Order:

Indicate the current court ordered or agreed-to parenting time each child is having with each parent:

If you have no parenting plan, what is the status of your process (e.g., mediation, lawyer assisted negotiation, litigation, mediation/arbitration) for determining it?

Are there outstanding criminal charges? Yes No Have the police been involved? Yes No

Have the Children's Aid Society been involved? Yes No If yes, circle which agency, and provide worker's name and contact information:

Has there been a parenting plan assessment (s.30) or OCL investigation (s.112)? Yes No

If yes, circle which and provide professional's name: _____

If yes, is there a report? Yes No If yes, date? _____(Please provide copy.)

In your opinion, what was the cause of the disrupted parent-child relationship(s), if any? Please check those that may apply:

- Incarceration
 - Long distances
 - Abandonment
 - History of substance abuse
 - Time away in treatment
 - Serious mental health issues
 - Poor parenting behaviour
- Neglectful or very compromised parenting
- Parental alienation by one parent
- Violence and/or abuse in the home
- Highly conflicted divorce centred on the children and disagreements around parenting time and child-related decision making.
- Other: _____



CONSENT FOR SERVICE

The Clinical Intake Consultation (CIC) is to determine whether Multi-Faceted Family Therapy for parent-child contact problems (also known as reintegration family therapy), is suitable for your family. Suggestions for any therapy or interventions, which may include more than one therapist, will be made to the parents and their counsel on an “open”, non-confidential basis. The parents’ consent for the CIC has been made into a court order dated _____.

Recommendations or opinions related to parental responsibility (decision-making for major decisions) or parenting time will not be made given that a comprehensive s.30 assessment is not being conducted.

The CIC will be conducted by Elly Freund-Bell, M.S.W., R.S.W. (referred to throughout as “clinician”).

The CIC will include contact with counsel, a review of the completed parent intake questionnaires, interviews with the parents individually and possibly together, and a review of selected written documentation (e.g., an assessment report, court orders, other relevant reports). Contact with collateral sources will occur during the CIC for the intake clinician to both obtain and provide information (e.g., CAS, previous or current therapists, parenting plan assessor, OCL, etc.), as deemed necessary by the clinician. Consent forms for this exchange of information are found on the last page of this document, which will be executed by the parents upon the request of the intake clinician. Children are interviewed as deemed necessary by the intake clinician, taking into account the involvement of previous therapists, CAS involvement and/or a s.30 assessment. During the process, the lead clinician may at their discretion speak with counsel exparte.

At this time, please do not alert your child to the possibility of their involvement in the CIC or any subsequent for therapy. During the CIC, we will discuss what, when, and how to tell your child(ren). If you have already discussed this with your child, we can discuss when we meet.

CONFIDENTIALITY AND RECORDS

Confidentiality relates to information obtained and shared during the process with the participants involved, with the court and counsel, and other third party’s or collateral sources.

As the CIC involves all family members, information received from one participant (e.g., parent, child, parent’s new partner) may, at the clinician’s discretion, be shared with other participants, to adequately conduct the process. Information may be included in any report or verbal disclosure to the court, counsel and the participants.

The CIC is an “open” non-confidential process. You are consenting to disclosure of the intervention plan recommendations in writing or verbally, or failing that, a summary letter will be shared with the parents, your lawyers and possibly the court or an arbitrator.

By signing this agreement, the parents, [REDACTED] and [REDACTED] are consenting to the disclosure of information obtained during the CIC process with the court, counsel and the other parent. During the process, Elly Freund-Bell, M.S.W., R.S.W may at her discretion speak with counsel exparte. By signing this agreement, you also agree not to share any reports provided by Elly Freund-Bell, M.S.W., R.S.W to the children in any capacity.

Any other disclosure of information requires your written permission, or as required by law. Additionally, instances in which confidential information may be disclosed are as follows:

Limits of Confidentiality

There are important exceptions to confidentiality when information can be released with or without your consent. This may happen if:

- a. I believe that you could be a danger to yourself or others.
- b. I have any reason or suggestive information leading me to suspect that a child might be being abused or neglected.
- c. I and/or my records are subpoenaed by a court of law.

CONSENT FOR THE COST OF SERVICES

The fee for the CIC is \$____.150 per hour. The health services of Social Workers are HST exempt. Fees will be applied to all services rendered and charged retroactively from the time services are initially requested and the file is opened. Services include interviews, preparation in between interviews, telephone calls with clients, counsel or collateral sources, e-mails, reviewing of documentation, contact with collateral sources, and report preparation.

An initial retainer of 4 hours (\$600) will be provided at the time of booking of an intake appointment. Depending on the parties' financial arrangements each party may pay half or one party the full amount. Intake appointments will not proceed if payment is not provided.

TO EVIDENCE THEIR AGREEMENT, THE PARENTS HAVE SIGNED THIS AGREEMENT BEFORE A WITNESS.

Parent Signature _____

Date _____

Print Name _____

Witness _____