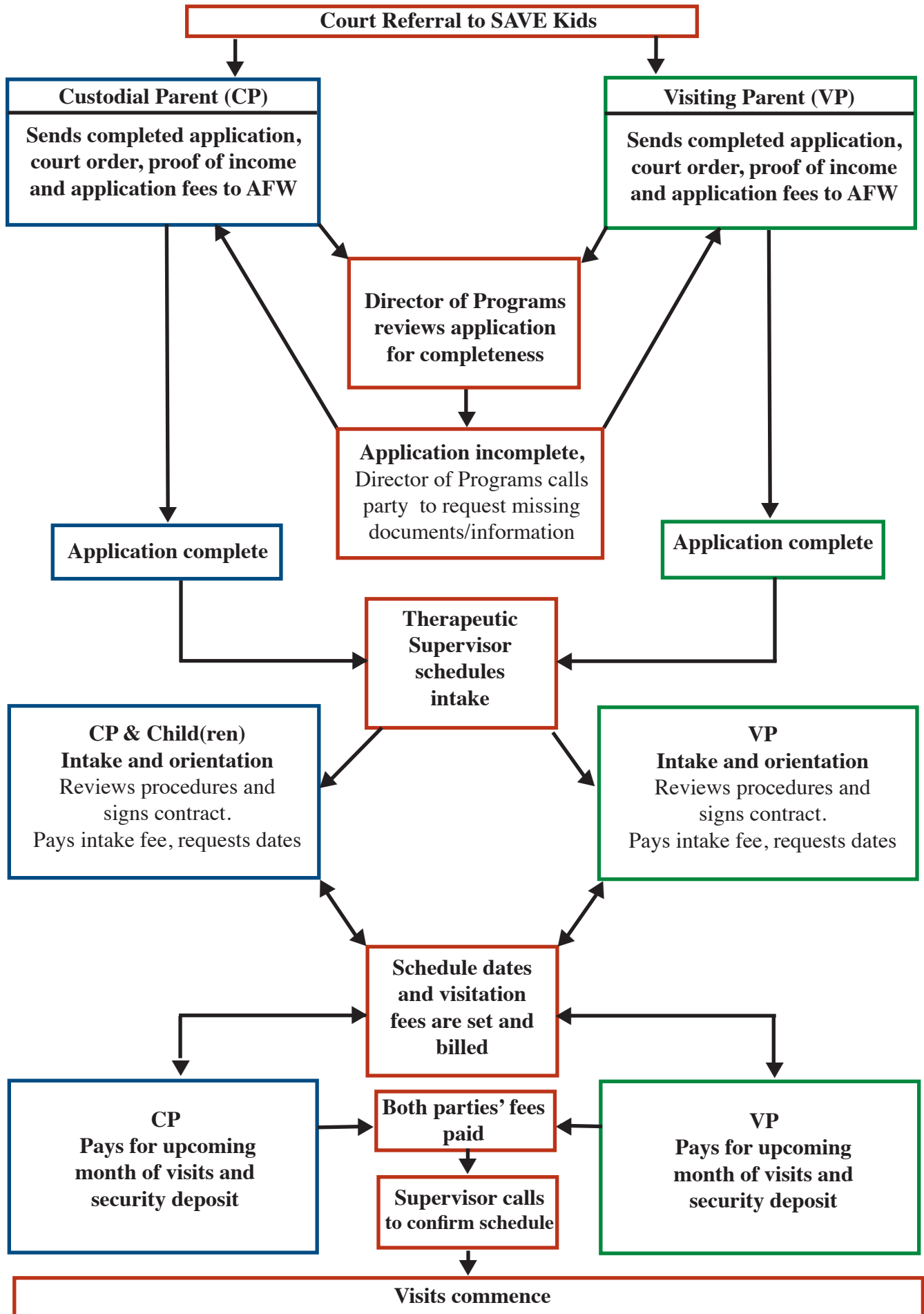


APPLE FAMILYWORKS (AFW) SAVE APPLICATION AND INTAKE PROCESS





Safe Access Visitation Experience for Kids

APPLE FamilyWorks® • 4 Joseph Court, San Rafael, CA 94903 • (415) 492-0720

APPLICATION

SAVE Kids provides:

- Nurturing supervised visitation for parents and children
- Separate entrances and parking for each parent
- Private family rooms stocked with age-appropriate toys and games
- APPLE FamilyWorks' play yard for outdoor activities

APPLICATION PROCESS

When we receive your completed Application and all court documents, SAVE Kids staff will schedule an Intake Appointment.

1. Fill out **every** line and check the correct boxes on all four (4) pages.
2. Attach each document requested, including:
 - **Court order for visitation.** (No intake will be scheduled without this document.)
 - **Protective order (if there is one).** (No intake will be scheduled without this document.)
 - **Household income verification documents.** (This is only required when requesting a sliding scale fee.)
 - **Application Processing fee of \$25 (effective 3/1/09). Please note: File will not be opened without payment of application fee.**
3. Provide as **many** possible visit times as you can. This expedites the start of visits. Visit times fill quickly and we will do everything possible to match the availabilities of both parties, SAVE Kids staff, and Visitation Room availability.
4. Mail application, documents and payment to:
SAVE Kids, 4 Joseph Court, San Rafael, CA 94903

MANDATORY INTAKE APPOINTMENTS

1. When all required court forms and documents are received by SAVE Kids, staff will phone you to schedule an Intake Appointment. Please reply promptly.
2. **The cost of the Intake Appointment is \$50 (effective 3/1/09). Please be prepared to pay the day of the intake. The process takes approximately 1½ - 2 hours.**
3. Each party will attend a separate Intake which will include:
 - A tour of the facility.
 - Protocol and contract review and signing.
 - Setting of the individual's visitation fees.
4. **Once both the Visiting Parent and the Custodial Parent have completed the Intake process, a visitation schedule will be set.**



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APPLICATION

1. Information:

(Fill in ALL lines and check boxes on all four pages)

Court Case # _____
Judge or Commissioner _____

Identifying and Emergency Information:

Your Name: _____ **Custodial Party (CP)**
 Visiting Party (VP)

Your Address: _____ City _____ Zip _____

Date of Birth: _____ Primary Language Spoken: _____ Male Female

Phone: Home _____ Work _____ Cell _____

Phone to be reached during visitation: _____

California Driver's License / State Photo ID # _____ License Plate # _____

Car/Make/Model: _____ Color: _____

Employer: _____ Position: _____

Emergency Contact: _____ Phone: _____

Address: _____ City _____ Zip _____

Other Party's Name _____ Phone #: _____

Is the visiting party or child(ren) monolingual and require a translator? Yes No

Child(ren)'s Name(s)	Date of Birth	Gender

Other Parties to the Action:

Your Attorney: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Child's Attorney: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mediator: _____ Phone _____

Address: _____ City: _____ Zip: _____

Court Ordered Evaluator: _____ Phone _____

Address: _____ City: _____ Zip: _____



SLIDING SCALE REQUEST

Please provide information for ALL adult household members

Without the information below party will pay the standard rate of \$85/hr.

Adults in household # _____

Children/dependents in household # _____

INCOME

Wages/fees: Earner #1	\$ _____
Wages/fees: Earner #2	\$ _____
Rent payment by Household Members	\$ _____
Support/Alimony Received	\$ _____
Public Assistance, Unemployment	\$ _____
S.S.I. Disability or Workers' Comp.	\$ _____
Other	\$ _____
TOTAL GROSS MONTHLY INCOME	\$ _____

Other assets

Savings/Stocks/Bonds	\$ _____
Free housing or Section 8	\$ _____
Free meals/ Food stamps	\$ _____

Income Verification Is Required

for all contributing household members

- **If employed or a contractor-** provide two months of household pay stubs & most recent tax return documents.
- **If unemployed -** provide official determination letter of low or no income from the appropriate agency, e.g., Social Security, E.D.D., Social Services, etc.

Each party's share of fees according to Court Order: VP: ____% CP: ____%

(Without Court Order of fee percentages, each party is charged 50% of fee)

Visitation fees will be determined in the Intake Appointment



SAFETY ASSESSMENT

To maintain a safe experience for your child, complete each line and check **all** appropriate boxes. When checking NONE please move to the next section.

Restraining /Protective Orders NONE

Name of protected person(s) _____ Age: _____ Gender: _____
Name of restrained party _____ Age: _____ Gender: _____

Felonies NONE

Name of felon: _____ CP VP
Charge(s): _____

Is either party a registered sex offender? Yes No If yes, which party? CP VP

Weapons Possession NONE

Owner: _____
Weapon type: _____ Are weapons registered? Yes No

Mental Health Concerns NONE

Name of Party: _____ Child Adult CP VP
Diagnosis: _____
Mental health medications: _____

Hospitalization(s) Yes No Dates _____ Length of Stay _____

Abuse NONE

Name of Abused Party: _____ **Party Abused** **Party Accused**
 Physical Sexual Emotional Child CP VP
 Adult CP VP

Was there a Police Report filed? Yes No

Was there a CPS Report filed? Yes No

Is there an open CPS Case? Yes No

Describe Abuse Incident(s) _____

Abduction Risk? NONE

Has the other party threatened to abduct the child(ren)? Yes NO

Describe reason you believe there is an abduction risk: _____

Your Signature: _____ **Date** _____

Your Name (please print): _____ CP VP

Attach all Protective (Restraining) Orders



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VISITATION AVAILABILITY

Your name: _____ OCP OVP Date: _____

LIST ALL POSSIBLE TIMES YOU CAN ARRANGE to be AVAILABLE

Visits are scheduled in two-hour blocks of time.

Day of the Week	Time-Frame
Mondays	Anytime between _____ & _____
	Anytime between _____ & _____
Tuesday	Anytime between _____ & _____
	Anytime between _____ & _____
Wednesday	Anytime between _____ & _____
	Anytime between _____ & _____
Thursday	Anytime between _____ & _____
	Anytime between _____ & _____
Friday	Anytime between _____ & _____
	Anytime between _____ & _____
Saturday	Anytime between _____ & _____
	Anytime between _____ & _____

Please attach the Court Order or any Stipulations with your Application