



Georgia Department of Human Services
Division of Child Support Services
Child Access and Visitation Services
Intake and Assessment

Date of Program Intake:

DCSS Case Number:

Vendor: Children First

Non-Custodian Parent Name (NCP):

Is NCP the: Father Mother

Custodial Parent Name (CP):

Is CP the: Mother Father Grandparent/Legal Guardian

Who referred you to our program?

Self- Court Child Support Agency (DCSS) Other

Number of Children in this DCSS case:

Marital Status of NCP and CP:

Never married to each other Married to each other Separated from Each Other
 Divorced from each other.

Race/Ethnicity of NCP:

American Indian or Alaska Native Asian African American / Black Hispanic or Latino
 Native Hawaiian / Other Pacific Islander White Bi-Racial

Current Annual Income of NCP:

Less than \$10,000 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 +

Consent to participate in program services:

I understand that all personal information presented to and gathered by the Child Access and Visitation Services Program will remain confidential, but that statistical data will be used for reports, evaluation, and publication of cumulative Program results. Per Federal HIPPA regulations, I also understand that any medical information concerning me or my child/children will remain confidential, and will only be shared with local program staff when necessary to ensure the safety of me and/or my child/children during the provision of program services.

I have read and understand I am consenting to involvement and participation in the Child Access and Visitation Services Program.

Program Participant Signature

Date signed: