CHILD AND ADOLESCENT
PSYCHOLOGY SERVICES

Child and Adolescent Psychology Services (CAPS) **www.childandadolescentpsych.com.au** is a child focussed service providing safe, supervised family contacts and changeovers between children and their parents or significant caregivers within Melbourne and surrounding rural locations. This is a service provided for separated parents who are unable to manage contact arrangements, or as ordered by court.

My expertise in facilitating supervised contacts for families and their children stems from practical experience as a DHHS Family Contact Support Worker, Out of Home Care Case Manager and most recently Respondent Team Leader at the NEMA Orange Door, I also hold a Bachelor of Psychology, Swinburne University. CAPS provides experienced qualified staff to provide secure and safe child focussed environments scheduled at a mutually beneficial time, which includes weekdays, weekends and public holidays.

STEPS

Stage 1

Please contact CAPS, phone **9375 2643** or email ***info@childandadolescentpsych.com.au*** and we will send an application form for you to complete. Once each parent has completed the application we will contact you to arrange individual assessment and intake interviews.

Stage 2

CAPS staffer will facilitate a family contact visit which is monitored and controlled in a safe controlled environment. CAPS are a private organisation and do not receive government funding. Families accessing this service are required to fund the full cost of services accessed, payable in advance.

Weekdays $110 (inc gst) per hour
Weekends $140 (inc gst) per hour
Public Holidays $160 (inc gst) per hour

CAPS if required will transport children if separated parents are uncomfortable to facilitate the changeover.

INTAKE FORM

AN APPLICATION FORM IS TO BE COMPLETED BY EACH PARENT AND RETURNED PRIOR TO COMMENCEMENT OF CONTACT OR CHANGEOVERS OCCURRING, complete, scan and email to ***info@childandadolescentpsych.com.au*** or post to PO Box 339 Ascot Vale Victoria 3032.

NAME OF APPLICANT		
ADDRESS		
CONTACT DETAILS		
Home phone number:		
Home email:		
RELATIONSHIP TO CHILDREN		
Father	Mother	Other:
(please cross that which is not relevant to you)		
SOURCE OF INCOME		
Employed:		Yes / No
Other: Please describe		
ETHNIC BACKGROUND / LANGUAGE		
Ethnicity:		
Language:		
Interpreter Required:		Yes / No
Do you speak English?		Yes / No
DO YOU HAVE A DISABILITY?		
Yes / No		
If yes, description is required		

LEGAL REPRESENTATION

NAME OF SOLICITOR & HIS/HER FIRM
ADDRESS
CONTACT DETAILS

Home phone number:	
Fax:	
Email:	

SPOUSE / PARTNER'S INFORMATION

NAME OF PREVIOUS PARTNER
ADDRESS
CONTACT DETAILS

Home phone number:	
Mobile:	
Email:	

RELATIONSHIP TO CHILDREN		
Father	Mother	Other:
(please cross that which is not relevant to you)		
OTHER RELATIONSHIP:		
(explain as briefly as you can)		

'continued on page 4

SPOUSE / PARTNER'S INFORMATION 'continued

ETHNIC BACKGROUND / LANGUAGE	
Ethnicity:	
Language:	
Interpreter Required:	Yes / No
Do you speak English?	Yes / No
IS THERE A DISABILITY	
Yes / No	
If yes a brief description is required	

LEGAL REPRESENTATION

NAME OF SOLICITOR & HIS/HER FIRM
ADDRESS
CONTACT DETAILS

Home phone number:	
Fax:	
Email:	

Has DHS had an involvement with any of the Parents children. If yes, explain in full

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LEGAL REPRESENTATION 'continued

CHILD PROTECTION WORKER'S NAME AND CONTACT DETAILS: *(PLEASE SIGN A RELEASE OF INFORMATION REGARDING THIS)*
ADDRESS

CONTACT DETAILS	
Home phone number:	
Fax:	
Email:	

Signed:

Date of Signature:

/ /

ALL COSTS PAYABLE BEFORE FIRST SCHEDULED SUPERVISED CONTACT OR OTHER SERVICES:

I, ……..…… agree that I will pay the all costs into Child and Adolescent Psychology Services Pty Ltd bank account at least 48 hours prior to first contact or other services commencing an amount that is equal to the cost for the first fortnight of supervised contact and any other services provided

…… / /20…

Signature of client Date of Signature

Please make payment to:
Child and Adolescent Psychology Services Pty Ltd
BSB: 083 310
Acc: 12 119 7946

(PLEASE PUT YOUR LAST NAME ON DEPOSIT)

- The first scheduled day of supervised contact may be postponed if the cost is not paid in advance;
- Observation notes will not be available for either party / or lawyers unless account is paid in full;
- Notification of cancellation of supervised contact 24 hours or less will incur a late cancellation fee of 2-hours relevant to the day of contact if no medical certificate is provided advising the child is unwell. If no doctor's certificate is produced two hours' cancellation fee will be charged to the residential parent.

ALL OTHER REQUIRED INFORMATION WILL BE REQUESTED AT OUR INFORMATION GATHERING SESSION:

CHILD /REN'S INFORMATION

Number of children to be supervised for Contact: ……

FIRST CHILD'S NAME	
DATE OF BIRTH AND AGE	
Date of birth:	
Age:	F / M
COUNTRY OF BIRTH	
DOES THIS CHILD SPEAK ENGLISH?	
YES / NO	If no, what language
Interpreter required: YES / NO	
LEGAL REPRESENTATION	
Name of Solicitor:	
Name of Firm:	
ADDRESS	

CONTACT DETAILS
Phone:
Fax:
Email:
PARENTING ARRANGEMENTS
PLEASE GIVE THE FOLLOWING DETAILS RESIDENCE *(who the child lives with)*:
Contact *(who the child has contact with)*:
How long since the child has seen or spoken to the contact parent?:
MEDICAL INFORMATION
Is there a medical prescription for medicine that the child may have to take while on supervised contact:
YES / NO
If YES, name the medicine:
Time for the medicine to be taken:
What arrangements have been made for the supervised parent to administer this medicine:
Please note that the supervisor cannot be responsible for administering medicine. Medication administration arrangements must be made between the parents before contact occurs and needs to be in writing from a solicitor of either parent to FCS.

PARENTING ORDER
Are the above arrangements listed in a parenting/Family Court Order:
YES / NO
IF YES: FAMILY COURT MAGISTRATES COURT CHILDREN'S COURT *(please cross out which is not relevant)*

SECOND CHILD'S NAME

DATE OF BIRTH AND AGE	
Date of birth:	
Age:	F / M

COUNTRY OF BIRTH

DOES THIS CHILD SPEAK ENGLISH?	
YES / NO	If no, what language
Interpreter required: YES / NO	

LEGAL REPRESENTATION
Name of Solicitor:
Name of Firm:

ADDRESS

CONTACT DETAILS
Phone:
Fax:
Email:

PARENTING ARRANGEMENTS
PLEASE GIVE THE FOLLOWING DETAILS
RESIDENCE *(who the child lives with)*:
CONTACT *(who the child has contact with)*:
How long since the child has seen or spoken to the contact parent?:

MEDICAL INFORMATION
Is there a medical prescription for medicine that the child may have to take while on supervised contact:
YES / NO
If YES, name the medicine:
Time for the medicine to be taken:
What arrangements have been made for the supervised parent to administer this medicine:
Please note that the supervisor cannot be responsible for administering medicine. Medication administration arrangements must be made between the parents before contact occurs and needs to be in writing from a solicitor of either parent to FCS.

PARENTING ORDER
Are the above arrangements listed in a parenting/Family Court Order?
YES / NO
IF YES: FAMILY COURT MAGISTRATES COURT CHILDREN'S COURT *(please cross out which is not relevant)*

IF THERE ARE MORE THAN 2 CHILDREN PLEASE COPY THE RELEVANT PAGE AND INCLUDE THIS WITH YOUR APPLICATION

SERVICE REQUIRED
CONTACT VISIT CHANGEOVER:
YES / NO *(cross out that which is not relevant)*
SUPERVISED ACCESS VISIT:
YES / NO *(cross out that which is not relevant)*
Please provide copies of current court orders including IVO's and advise when the first service is to start and when is the next court date/s.
Have you used any other Supervision Agency:
YES / NO
If yes, please provide the following details:
Name of Agency:

CONTACT DETAILS
PHONE:
FAX:
Provide brief reason for changing Agencies

CURRENT AND HISTORICAL HISTORY OF CONCERNS

PLEASE CIRCLE THE RELEVANT INFORMATION:			
HARASSMENT OF FAMILY MEMBERS OF OTHERS	YES	NO	NOT KNOWN
STALKING	YES	NO	NOT KNOWN
OTHER	YES	NO	NOT KNOWN
SUBSTANCE ABUSE (ALCOHOL/DRUGS)	YES	NO	NOT KNOWN
POSSESSION OF FIREARMS	YES	NO	NOT KNOWN
ASSAULT OF FAMILY MEMBERS	YES	NO	NOT KNOWN
CRIMINAL CHARGES / CONVICTIONS	YES	NO	NOT KNOWN
INTERVENTION ORDERS CURRENT	YES	NO	NOT KNOWN
BREACHED COURT ORDERS	YES	NO	NOT KNOWN
If you have answered yes to any of the above please provide further details, this would include type of incident, date, persons involved, if any police action occurred, where the child/ren exposed to this incident			

PLEASE NOTE THAT ALL THE INFORMATION PROVIDED BY YOU IS NOT SHARED WITH ANYONE ELSE OTHER THAN EMPLOYEE'S OF CAPS CONTACT SERVICE