# 

Restoring Minds ~ Building Futures

# The CFAT Pilot Program Registration

(Complex Family Assessment & Treatment)

#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Contact Information | |
|  | |
| Name |  |
| Street Address |  |
| City ST Zip Code |  |
| Do You | Own Home □ Rent □ |
| Home Phone |  |
| E-Mail Address |  |
| Cell Phone |  |
| Employer name | Yrs here: |
| Occupation | Yrs. In occupation: |
| Work Phone |  |

Preference: English □ Spanish □ Other □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | | | | | | | | | | | |
| Gender | Male | | | □ | Female □ | | | | □ | | | | DOB | | | | / / | | |
|  |  |  | | | | | |  | | | | | |  | | | | | |
| Marital Status |  | Married □ Living Together □ | | | | | | Separated □ | | | | | | single □ | | | | | |
|  |  | Living together with children No □ | | | | | |  | | | | | |  | | | | | |
|  |  | Living together with children Yes □ | | | | | |  | | | | | |  | | | | | |
|  |  | Living together with children in your home | | | | | | No □ Yes □ | | | | | |  | | | | | |
|  |  | Children’s Name and ages: | | | | | |  | | | | | |  | | | | | |
|  |  |  | | | | | |  | | | | | |  | | | | | |
|  |  |  | | | | | |  | | | | | |  | | | | | |
| Name of Significant Other Living with you |  |  | | | | | | How long together | | | | | |  | | | | | |
|  |  |  | | | | | |  | | | | | |  | | | | | |
|  | | | Name(s): | | | Age | Bio child | | | | Step child | | | | involved in this court case | | | | |
| Child 1 | | |  | | |  |  | | | |  | | | |  | | | | |
| Child 2 | | |  | | |  |  | | | |  | | | |  | | | | |
| Child 3 | | |  | | |  |  | | | |  | | | |  | | | | |
| Child 4 | | |  | | |  |  | | | |  | | | |  | | | | |
| Child 5 | | |  | | |  |  | | | |  | | | |  | | | | |
| Ethnic Group | | | Child(ren)’s Other Parent’s Name Involved in this Case:  American Indian or Alaskan Native □ | | | | | | | | | Asian or Pacific Islander □ | | | | | | | |
|  | | | Black, (not of Hispanic Origin) □ | | | | | | | White □ | | | | | | Hispanic □ | | | |
|  | | | Other □ | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| Attorney’s Name: | | |  | | | | | | | | | | | | | | | | |
| Attorney’s email: | | |  | | | | | | | | | | | | | | | | |
| Judge’s Name | | |  | | | | | | | | | | | | | | | Court# |  |
|  | | | What County, City & State is Case in: | | | | | | | | | | | | | | |  |  |

Amicus Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amicus Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Who Determined the Amicus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decisive factor of program: Presented before Judge □ agreed through mediation □ Trial by Judge □

Or Trial by Jury □ Judge Mandated □

Program Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income Bracket | | | Age Bracket | |
| 10,000 – 25,000 | | □ | 18- 25 | □ 47 – 52 □ |
| 26,000 – 50,000 | | □ | 26 - 35 | □ 53 - 59 □ | |
| 51,000 – 100,000 | | □ | 36 - 40 | □ Over 60 □ |
| Over – 100,000 | | □ | 41 - 46 | □ |
| Person to Notify in Case of Emergency | | | | |
|  | | | | |
| Name | Relationship | | | |
| Home Phone |  | | | |
| Work Phone |  | | | |
| Cell Phone |  | | | |
| E-Mail Address |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Payment Information | | | |
| Check □ | Cash □ | Credit Card |  |
|  | Paid for by □ one parent |  |  |
|  | □Both |  |  |
|  | Sponsorship Certificate # |  |  |
| Our Policy | | | |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.   |  | | --- | | Documents needed along with this Registration |  * Signed & Certified Orders by Judge to attend the Complex Family Assessment, Diagnosis & Treatment ( CFAT) Pilot Program * Final Divorce Decree * Any Temporary Orders * Any CPS Documents * Any Police Reports * A list of any mental health professionals that have seen your child(ren) * Any other form of legal or mental health documents pertaining to this case * Signed release for C4T professionals working on case to contact and talk to anyone pertaining to these document.   (Note: These documents are confidential and kept private)    LEAP COURSE  As part of the Key Solution CFAT Pilot program you are required to attend the 8 hour LEAP course in which is part of the “Program” in the court orders signed off by the judge in your court. This course must be finalized by the date noted in the orders for your completed assessment.  LEAP Course Date is for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and MUST be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.** Class begins at 9:00 AM. If I am not able to attend this date, I will give Children 4 Tomorrow a 24 hour notice and a reschedule date. I understand that Children 4 Tomorrow has an obligation to report this to the courts.    Note: This is a 2 – 4 hour course broken down into 2 classes a total of 8 Hours. Do not register online, your class has already been register with this agreement all you need is these dates.  You will not be in the class with your ex, if we happened to pick a date that is in conflict with your schedule please contact Children 4 Tomorrow to change your date.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_    **This is a virtual class – Please make sure you are online a little before 10:00 AM. You will be sent a link to get into the class Wednesday or Thursday before the class as a reminder and you will need to print out your handouts. During the class you will be sent 3 different pre-post test that you will need to take and submit back after you have completed the test. Also you will be given a survey at the end of the entire class that you MUST fill out and submit back, this helps us to improve our class and how the instructor is doing and our programs measurements. After we have received all of your test and survey you will be sent your certificate of completion for the courts.**  Certificate for court □ Certificate for Accreditation □ BOTH □   |  |  | | --- | --- | | Agreement and Signature | | | By submitting this information, I affirm that the facts set forth in it are true and complete. I understand any false statements, omissions, or other misrepresentations made by me on this application may result legal actions. I agree as the court orders state that the parities and their counsel shall cooperate with the Children 4 Tomorrow in the preparations of the assessment and treatment and follow any and all rules, policies, and procedures of the Key Solution CFAT Pilot Program. All parties are ordered to sign appropriate releases for Therapist, Amicus attorney and Children 4 Tomorrow to review the child(ren)’s and the party’s own school records, physical and mental health records; and the records from any other collateral source that may have relevant information. And all the parties and the child(ren) the subject to this suit shall follow any recommendations made by the therapist(s) and treatment team providing the assessment and Children 4 Tomorrow. For the CFAT team’s assessment process sometimes it is necessary to record either audio or video. This process is for internal use ONLY and is used as a work product to summarize the final report. This is NOT used for any other purposes since it could be misconstrued by others that are not a part of the assessment team.  I acknowledge and understand Children 4 Tomorrow will be collaborating with the therapist, treatment team and amicus attorney with shared and disclosed information in order to provide the best assessment and treatment planning relevant for my family, when appropriate. In order for my family to have the best assessment and treatment available I agree by signing the agreement below: | | |  | | | Name (printed) |  | | Signature |  | | Date |  |   Children 4 Tomorrow Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| After Children 4 Tomorrow has received the signed agreement and the entire supporting documents, a representative of the organization will contact you to move forward with your assigned therapist to set up your appointments of assessment. You will need to decide of three different dates that will be good to complete the assessment; you will give this to the therapist at the initial appointment set up. One of these appointments will need to be scheduled with your child(ren). | | | |

## Children 4 Tomorrow is a non-profit qualified, tax exempted organization under section 501 (c) 3 of the Internal Revenue Code.

If you have any questions or need help with this registration form, please do not hesitate to contact our office.

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 713-660-0760

info@children4tomorrow.org