



# **Intake Packet for KidWorks**

Family Orientation Questionnaire

Adult Form

Child Form

Teen Form

Family Agreement Form

Permission Form

Your Rights to Privacy and Exceptions to Privacy

Seven Exceptions to Privacy

Authorization for Release of Information

Rules for Safety

Rights of Children of Divorce

**KidWorks** Philosophy



Orientation Date: \_\_\_\_\_  
 Group Attending: \_\_\_\_\_  
 Location: \_\_\_\_\_ Dallas \_\_\_\_\_ Fort Worth

**All forms must be signed, completely filled out and returned to our coordinator before your spot is reserved.**

### Family Orientation Questionnaire

(Please fill in the following tables)

Parent/Guardian's Name:	Ex-Spouse's Name
Street Address, City, State, Zip:	Your Employer:
Home Phone #: Cell Phone #: Email: May we contact you at work? ___yes ___ no Work Phone #:	Emergency Contact Name Phone Number:
Preferred Contact Method: ___ email ___ home phone ___ work phone ___ cell phone	

**Please list all participating family members, including self (adults, teens, children)**

Full Name:	Age:	Birthdate:	Allergy/Med. Concern:

**How did you hear about KidWorks?**


**OPTIONAL:**

Family Nationality (ies): (Please check appropriate box or boxes)	African American	Caucasian/European American	Native American Indian
	!Asian American	Latin American/Hispanic	Middle Eastern American
			Other



**KidWorks**<sup>®</sup>  
*serving Kids In Divorce*

## ADULT FORM

Adult's Name \_\_\_\_\_ Today's  
Date \_\_\_\_\_

Check which one applies:

- Recently separated
- Divorce is in process
- Divorce is final

Length of time you've been  
divorced \_\_\_\_\_

Check which one applies:

- Custodial parent
- Non custodial parent

Check which one applies to the custody of your children:

- 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> weekends for non custodial parent
- 2<sup>nd</sup> and 4<sup>th</sup> weekends for custodial parent
- Extended custody during the week

Explain extended custody  
arrangement \_\_\_\_\_

---

---

How have the areas of your life been affected since the divorce: relations with  
child/teen? \_\_\_\_\_

---

work/career? \_\_\_\_\_

---

friendships/social life? \_\_\_\_\_

---

sleep/eating habits? \_\_\_\_\_

---

other family relationships? \_\_\_\_\_

---

other? \_\_\_\_\_

---

What emotions have you been experiencing since the divorce?

shock     guilt     fear     anger     shame  
 relief     hopelessness     anxiety     loneliness  
 embarrassment     confusion     happiness     sadness  
 frustration     irritability     others \_\_\_\_\_

Since the divorce, have you experienced any physical symptoms?

no     yes

Please describe: \_\_\_\_\_

Taking any medications?  no  yes, please

specify: \_\_\_\_\_

Are you seeing a counselor?  no  yes, What brought you to the counselor?

---

---

Who are the supportive people with whom you can share your grief?

---

---

List any food allergies your children might have.

---

---



## CHILD FORM

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Please check one:

Since the divorce, I want to be by myself:  
more            same            less

Since the divorce, school has been:  
harder            same            easier

Since the divorce, I get along with my friends:  
better            same            worse

Since the divorce, I get along with members of my family:  
better            same            worse

Since the divorce, my sleep is:  
better            same            worse

Since the divorce, I eat:  
more            same            less

Since the divorce, I sometimes have physical hurts (headaches, stomachaches, rashes . . .)

\_\_\_\_\_ no            \_\_\_\_\_ yes,  
explain \_\_\_\_\_  
\_\_\_\_\_

What emotions have you been experiencing since the divorce?

\_\_\_ shock    \_\_\_ guilt    \_\_\_ fear    \_\_\_ anger    \_\_\_ shame  
\_\_\_ relief    \_\_\_ hopelessness    \_\_\_ sadness    \_\_\_ anxiety    \_\_\_ loneliness  
\_\_\_ embarrassment    \_\_\_ confusion    \_\_\_ happiness/laughter  
\_\_\_ others \_\_\_\_\_

Do you see a counselor or private therapist?

at school?            \_\_\_\_\_ yes            \_\_\_\_\_ no  
outside of school    \_\_\_\_\_ yes            \_\_\_\_\_ no



## TEEN FORM

Teen's Name \_\_\_\_\_ Date \_\_\_\_\_

How have the areas of your life been affected since the divorce:

relationship with parents? \_\_\_\_\_

\_\_\_\_\_

school/grades/teachers? \_\_\_\_\_

\_\_\_\_\_

friendships/social life? \_\_\_\_\_

\_\_\_\_\_

sleep/eating habits? \_\_\_\_\_

\_\_\_\_\_

other family relationships? \_\_\_\_\_

\_\_\_\_\_

other? \_\_\_\_\_

\_\_\_\_\_

What emotions have you been experiencing since the divorce?

shock     guilt     fear     anger     shame  
 relief     hopelessness     anxiety     loneliness  
 embarrassment     confusion     happiness/laughter  
 sadness     frustration     irritability  
 others \_\_\_\_\_

Since the divorce, have you experienced any physical symptoms?

no     yes

Please describe: \_\_\_\_\_

Taking any medications? \_\_\_ no \_\_\_ yes

Please specify: \_\_\_\_\_

Are you seeing a counselor? \_\_\_ no \_\_\_ yes, what brought you to the counselor?

\_\_\_\_\_

Who are the supportive people you talk to about the divorce?

\_\_\_\_\_



**FAMILY AGREEMENT FORM**

Before completing and signing this form, please read and discuss with the adults, children and teens who want to participate at Kid**Works**.

1. We understand that Kid**Works** provides support groups, not therapy or counseling.
2. We agree to attend our group regularly. If we miss more than two consecutive sessions except for illnesses or crisis, we may be dropped. We agree to call when we are unable to attend our group.
3. We agree that a child or teen must always be accompanied and supervised by a parent or another adult. We agree to always have a parent or another adult remain at Kid**Works** while the child or teen is in a group. We understand the adult has the option of participating in the adult support group.
4. We have read and understand the Family Agreement Form. We have discussed this information and agree to abide by the guidelines of Kid**Works**.

Print Names of Adults, Children, Teens

Signature of Each

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Today's Date \_\_\_\_\_



## PERMISSION FORM

To communicate Christian**Works** for Children mission and message we often want to use quotations, stories, artwork and other artistic expressions of the children and teens for display boards, brochures, newsletters, lectures or training. The last name and detailed information about the child or teen are not spoken or printed.

\_\_\_ We give our permission to the above uses of pictures, artwork, quotations, stories.

\_\_\_ We give our permission with these exceptions:

---

---

\_\_\_ We do NOT give our permission to any of the above.

Print Names of Adults, Children, Teens

Signature of Each

---

---

---

---

---

---

---

---

---

---

---

---

Today's Date \_\_\_\_\_

Photographs, video or audio recordings, or interviews **will NOT** be used without you and your child/teen giving us written permission.



**YOUR RIGHTS TO PRIVACY AND EXCEPTIONS TO PRIVACY**

Our work with you and your family at Christian**Works** for Children is confidential. Information shared with the staff, volunteers and other participants is private. Your rights to privacy will be strictly maintained. There are, however, some important exceptions to privacy which are explained on the back.

**Please read the seven exceptions to privacy on the back before signing below.**

In signing this document, I acknowledge that I have had the opportunity to ask questions about Christian**Works** for Children’s Confidentiality Policy. I have read and understand the “Right to Privacy and Exceptions to Privacy” information. I fully understand and accept my rights to privacy and the exceptions to rights to privacy.

Today’s Date \_\_\_\_\_

Print Names of Minor Children and Teens  
Guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Names of Parents/Legal

\_\_\_\_\_

Signatures of Parents/Legal Guardian

\_\_\_\_\_  
\_\_\_\_\_

Print Name of Emancipated Teen (18 + years)

\_\_\_\_\_

Signature of Emancipated Teen

\_\_\_\_\_



## Seven Exceptions to Privacy

- Exception #1 Texas law requires our staff to report to the appropriate government agency any suspected physical, sexual, or emotional abuse or neglect.
- Exception #2 If we learn that someone with whom we are working has a specific intent to bring harm to him/herself, we reserve the right to inform other family members and/or make appropriate referrals if necessary.
- Exception #3 If we have reason to be concerned about the drug and/or alcohol use or abuse by a child or teen, we reserve the right to inform the parent.
- Exception #4 If information is ordered by the court, including a subpoena, we will attempt to contact you about the order. If you oppose the release, the court may nevertheless require compliance with the order.
- Exception #5 If we learn that someone participating in the program might commit a violent act, we may take steps to protect the intended victim against such danger or inform police, or both.
- Exception #6 The rights and exceptions to privacy apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but **ChristianWorks** for Children cannot guarantee they will do so.
- Exception #7 At times, **ChristianWorks** for Children uses case examples of children or teens and their families in publishing articles, conducting professional training, community education, and in fund raising efforts. We may anonymously refer to your situation in those circumstances. Your child, teen or family's complete name will never be used without your specific written approval.



**Christian Works for Children**  
**5440 Harvest Hill Road**  
**Dallas, TX 75230**  
**Ph. 972-960-9981**  
**Fax 972-960-0062**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

If you want a staff member of **KidWorks** to speak to another professional or anyone else about any of your family members, please complete this form, sign it with a witness, and have the witness sign and date. Complete a separate form for each child/teen or organization to whom you authorize a release of information.

I authorize the staff of **KidWorks** to release information to:

Person/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Child/Teen's Full Name \_\_\_\_\_

I understand this transfer of information is for the purpose of benefiting my family in our divorce support at **KidWorks**.

This release will be in effect for the duration of my participation in the **KidWorks** program or will expire on \_\_\_\_\_, whichever comes first. I may revoke this release, in writing at any time.

Signature Parent/Guardian \_\_\_\_\_

Today's Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Today's Date \_\_\_\_\_



## **RULES FOR SAFETY**

KidWorks has nine rules developed to ensure the physical and emotional safety of the children and families.

1. **STOP RULE:** “Stop and I mean it.” When someone is doing something that feels unsafe to anyone, that child/teen needs to stop the activity immediately.
2. **THROWING RULE:** Throwing soft objects is allowed only. Hard objects may not be thrown anywhere at KidWorks. When objects are thrown, they must hit below the shoulders.
3. **PUT-DOWN RULE:** No hurting other people’s feelings by making fun of them, name calling or put-downs. Respect each other and self.
4. **HITTING RULE:** Children/Teens may hit the pillows or stuffed animals, but may not hit another person.
5. **ADULT RULE:** Children/Teens must be with an adult at all times while at KidWorks. They may not leave the building unless accompanied by an adult.
6. **BLOOD RULE:** Children/Teens are instructed not to touch blood. In the event that bleeding occurs, children/teens are to tell an adult who will clean up the spill.
7. **PRIVACY RULE:** What is said at KidWorks is private and confidential, and stays here (exceptions are state-required reporting laws).
8. **I PASS RULE:** Children/teens can always “pass” if they do not want to talk.
9. **LISTENING RULE:** We respectfully listen to each other, being considerate enough to allow everyone to have an opportunity to talk, if they so choose.



## **Rights of Children of Divorce**

Adapted from a decision of the Wisconsin Supreme Court expanded by Judy Branch, M.S.C.F.C.S. and Lawrence G. Shelton, PhD

The right to be treated as interested and affected persons, not as pawns or possessions.

The right to love each parent, without feeling guilt, pressure or rejection.

The right to love, care, discipline and protection from both parents.

The right not to be asked to choose sides or decide where they want to live.

The right to express their feelings about the divorce, such as anger, sadness or fear.

The right to a positive and constructive on-going relationship with each parent.

The right not to have to make adult decisions.

The right to remain children, without being asked to take on parental responsibilities or to be adult companions or friends to their parents.

The right to the most adequate level of economic support that can be provided by the best efforts of both parents.

The right not to be drawn into the painful games parents play to hurt each other.

The right not to be put in the middle of parents' battles.

The right to learn appropriate behavior from their parents' examples.

The right to make friends and participate in school and community activities.

The right to succeed in school and prepare themselves for independence.

The right to know their origins and to form a personal identity based on their experiences.



## **KidWorks Philosophy**

When children are confronted with divorce in their families it makes for a painful experience. Hurting children deserve to be happy and healthy in their emotional, spiritual, physical and mental state of being. KidWorks offers children of divorce and their parents the support they need and deserve through the healing process.

- ***We believe that marriage is a God-established and blessed institution that was meant to last a lifetime.*** Unfortunately, some marriages do not. The results of divorce are often devastating to children and parents alike.
- ***We believe that children need special help to overcome the losses and changes in their life due to a divorce.*** Many losses occur which can result in extreme grief for families of divorce. Children need support as they grieve losses and changes in their life. It is likely that the adults in their lives who are also coping with the divorce may not be able to be present for them emotionally. We want to teach them how to handle their losses rather than allowing their losses to handle them. KidWorks sessions will help children and their parents deal with their feelings and teach them coping mechanisms as they heal from their emotional wounds and struggles.
- ***We believe that children of divorce have rights and that those rights should be honored.*** We want to remain unbiased for the sake of each child and their particular situation. Therefore, we do not take sides, but rather offer our love, support and encouragement to each child. To educate parents and children involved in our program, we will present a documented list of “Children’s Rights of Divorce” to each family participating in the KidWorks program.
- ***We believe that families who are hurting in times of divorce need to recover.*** We exist to see families through a difficult time and help them start on the road to recovery. We offer hope and healthiness.

*“God heals the brokenhearted and binds up their wounds.” Psalm 147:3*