



Application for Services

Please note, filling out this application does not indicate that you are fully registered for services. Planet Kids will contact you to complete your registration and finish screening you for service eligibility once the other party has also turned in their application for services. Please ensure you contact us if your phone number or other contact information changes.

Name: _____
Last First Middle Maiden Other/Aliases

Address: _____
Street City State ZIP

Phone: _____ Email: _____
Cell Other

Age: _____ DOB: _____ Gender: _____

Which phone do you prefer we call: _____ May we leave voicemails?: yes no
May we send you text messages?: yes no May we send you emails?: yes no

Vehicle make: _____ Model: _____ License Plate #: _____

Name of other parent or guardian:

Last First Middle Maiden Other/Aliases

Service Requested: On-Site Supervised Visitation Supervised Safe Exchange

Court ordered or Voluntary?: _____

If yes to court ordered, please list judge and district: _____

Court orders in place: Current Temporary/Permanent Order of Protection/Restraining Order
 Past Temporary/Permanent Order of Protection/Restraining Order, Date Expired: _____
 No Contact Order
 Parenting Plan Other: _____

*Please attach your court ordered parenting plan, or order that requires the use of Planet Kids to this application. Please also attach a copy of the restraining order/order of protection if one is in place.

Do you give us permission to update the court on the status of your registration?

Yes No

By signing below, you agree to allow Planet Kids to update the court on your registration status.

Signature: _____ Date: _____

PLEASE NOTE THIS APPLICATION IS TWO PAGES

Child(ren) to participate in visitation/exchange:

Name	Age/Gender	Date of Birth	Resides primarily with:
	/		
	/		
	/		
	/		

Allergies/health conditions of the child(ren) using the center (please specify which child):

Our grantor, the Office of Violence Against Women, only allows us to only serve families with specific case issues. Have you experienced any of the following from the child(ren)'s other parent?

-Adult sexual assault, stalking, emotional abuse, verbal abuse, physical abuse, intimidation, isolation, withholding basic needs, threats of abandonment, suicide or harm to others?

Yes No

Is child sexual abuse is a concern in this case? Have there been any criminal charges related to the sexual abuse of children? Yes No

Explain:

Have you ever been charged or convicted of sex crimes involving any child under the age of 18?

Yes No

Other agency involvement:

Child and Family Services

Therapist (individual therapist or will there be family work?): _____

Guardian ad litem

Other: _____

Please note any other information you feel would be helpful or important for us to know:

It is the YWCA Missoula's policy to not discriminate against any persons based on race, physical or mental disability, religion, national origin, sex, age, creed, physical condition, sexual orientation, gender identity, or expression.

My signature below certifies that all information on this application is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature: _____

Date: _____