

**Universal Intake & Referral Form**

Completed form may be sent to [info@empoweredpathwayscny.org](mailto:info@empoweredpathwayscny.org) or via fax.

<b>► Referral Information (Self-Referrals Please Skip This Section)</b>		
▲ Referrer Name (Staff Member/ Judge)	Referrer Phone (Direct)	Referral Date
Agency Name/ Referring Court (Family, IDV, etc)	Agency Phone (General)	Agency Fax
Authorized Representative	Next Scheduled Appointment or Court Appearance	Time
Court/ Agency Case/ File Number	Relevant Docket Numbers	

**► Referral/ Case Type**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Custody/Visitation Mediation | <input type="checkbox"/> Special Ed./VR/EI Mediation  | <input type="checkbox"/> Responsive/Restorative Circle |
| <input type="checkbox"/> Child Support Mediation      | <input type="checkbox"/> Small Claims Mediation       | <input type="checkbox"/> Family Group Conferencing     |
| <input type="checkbox"/> Parent-Child/PINS Mediation  | <input type="checkbox"/> Landlord-Tenant Mediation    | <input type="checkbox"/> CCAP, Full Evaluation*        |
| <input type="checkbox"/> Divorce/Separation Mediation | <input type="checkbox"/> Employee/Workplace Mediation | <input type="checkbox"/> CCAP, Home Visit ONLY*        |
| <input type="checkbox"/> Truancy/Attendance Mediation | <input type="checkbox"/> Other Mediation:             | <input type="checkbox"/> Other:                        |

\*CCAP: Child Custody Advocate Program (V-Dockets, some N-Dockets)

The Child Custody Advocate Program (V-Dockets, some N-Dockets) performs objective evaluations through which recommendations concerning the custody of, parenting of, and access to, children can be made to the court in cases where the parents are unable to work out their own parenting plans. Advocates are always working with the best interest of the children as the primary focus.

If a Home Study ONLY is requested, this will be primarily a report on the conditions of the home. We do not focus on interviewing the participants during a home study. In addition we may or may not make recommendations regarding custody or visitation.

*Demographic information will be used for reporting purposes only. Funders require Empowered Pathways to collect and report demographic data like income and ethnicity. This information is aggregated and reported statistically. No personally identifiable information is reported. This information is not required to receive services and disclosure of information is strictly voluntary.*

**► Case Disposition (Empowered Pathways use only)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Agreement Reached           | <input type="checkbox"/> Adoption                     | <input type="checkbox"/> Other/ Details: _____ |
| <input type="checkbox"/> Partial Agreement Reached   | <input type="checkbox"/> Advocate Dismissed           | _____  |
| <input type="checkbox"/> No Agreement Reached        | <input type="checkbox"/> Case Removed from Docket     | _____  |
| <input type="checkbox"/> Resolved Outside Program    | <input type="checkbox"/> Case Transferred             | _____  |
| <input type="checkbox"/> Screened: Not Appropriate   | <input type="checkbox"/> Aged Out                     | _____  |
| <input type="checkbox"/> Screened: Unable to Contact | <input type="checkbox"/> Death of Minor Child         | _____  |
| <input type="checkbox"/> Screened: Declined Service  | <input type="checkbox"/> Family Moved                 | _____  |
| <input type="checkbox"/> Withdrew from Service       | <input type="checkbox"/> Placed with Legal Guardian   |  |
| <input type="checkbox"/> Failed to Appear            | <input type="checkbox"/> Returned to Family of Origin |  |

Revised 10/2018 EP-1001

► **Quick Screening**

Please answer the following questions to the best of your ability. The answers to these questions help us to provide safe, quality service to all parties. All information will be held as confidential, with the exception of previously unreported allegations of child abuse or neglect. Parties may be subject to additional screening.

1. Do any of the parties currently have an **Order of Protection** against another party? If so, why?

Yes  No

2. Are any of the parties **currently being investigated** for child abuse, neglect, or maltreatment? If so, why?

Yes  No

3. Are any of the parties **currently involved** in an ongoing investigation with law enforcement? If so, how?

Yes  No

4. Are the parties primarily seeking **legal advice** or **representation in court**? If so, why?

Yes  No

5. Are any of the parties **uncomfortable** meeting with another party face-to-face? If so, why?

Yes  No

6. Do you have **any other concerns** about the **safety** of the parties or their ability to access our service? If so, what?

Yes  No

► **Issues Summary**

Please give a brief summary of the issues involved in the dispute. The mediator, arbitrator, or advocate will have an opportunity to gather detailed background and information.

► Parties Involved in the Dispute

Please fill out the following information, if applicable. If you are unsure about any applicable information, please write "unknown". You may list additional parties in the dispute on the attached pages. This must include any **minor children** involved in, or the subject of, the dispute (for example, in a custody dispute). You may continue to add parties as required by copying the last page.

► First Party (Case Name)

▲ Last Name First Name MI

Address City State ZIP

Date of Birth Age eMail Address

Male  Female

Gender Primary Phone, Type (Home, Work, Cell, etc.) Other Phone, Type (Home, Work, Cell, etc.)

Relationship/Role (e.g. Landlord, Contractor, Mother, Custodial Parent, etc.) Individual Income (Annual)

Attorney or Attorney for Child Law Office Phone

Primary Income Source	Ethnicity	Educational Level	
<input type="checkbox"/> Employment	<input type="checkbox"/> Asian	<input type="checkbox"/> <9	<input type="checkbox"/> Associates
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Black	<input type="checkbox"/> 9	<input type="checkbox"/> Bachelors
<input type="checkbox"/> Social Security (Retirement)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 10	<input type="checkbox"/> Masters
<input type="checkbox"/> Social Security (Disability)	<input type="checkbox"/> American Indian	<input type="checkbox"/> 11	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Student, n/a	<input type="checkbox"/> White	<input type="checkbox"/> 12	
<input type="checkbox"/> Unemployed, n/a	<input type="checkbox"/> Other		

► Additional Party

▲ Last Name First Name MI

Address City State ZIP

Date of Birth Age eMail Address

Male  Female

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**► Notes: Staff Use Only**