



Caterpillars Parenting Center

Application for Services

Phone: 406-442-8774 Ext 213 Fax: 406-442-0428

Email: caterpillars@ywcahelena.org

Hours of Operation: Monday-Thursday 8:00-6:00 Friday 8:00-3:00 PM

**Please note filling out this application does not ensure that you are fully registered for services within the Caterpillars Program. Caterpillars staff will contact you to continue the registration process and finish screening for eligibility to utilize our services once both parties have completed the application. It is important to let Caterpillars staff know if/when contact information changes to continue with the enrollment process.*

Service Requested: Supervised Parenting Time Supervised Safe Exchange Parenting Class

General Information:

Name: _____
Last First Middle Maiden Other/Aliases

Address: _____
Street City State ZIP

Phone: _____
Home Work Cell

Email: _____

Demographics:

Age: _____ DOB: _____ Gender Identity: _____

Race/Ethnicity:

American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Other Pacific Islander	
White Non-Latino or Caucasian	
Some Other Race	
Multiple Races	

Currently Employed? YES/NO Place of Employment: _____

Make/Model/Color of vehicle: _____ Plate #: _____

Marital Status: Single Married Divorced Separated Widowed

Are you currently in a relationship? YES/NO Name of current partner: _____

Program Details:

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

Demographics of child:

Age: _____ DOB: _____ Gender Identity: _____
 Age: _____ DOB: _____ Gender Identity: _____
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Race/Ethnicity:

American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Native Hawaiian or Other Pacific Islander			
White Non-Latino or Caucasian			
Some Other Race			
Multiple Races			

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

Do you need any accommodations for any reason? YES/NO. If yes, indicate how we can help

Name of **other** participating parent or guardian:

Last First Middle Maiden Other/Aliases

Contact information for **other** participating parent or guardian:

Referred by & Contact Information: _____

Attorney/ Court	
YWCA Contact	
Community Organization	

Hispanic or Latino	
Guardian Ad Litem (GAL)	
CPS	

Are the services you are requesting court ordered? Yes / No If yes, please list judge and district:

Court orders in place*:

- Current or Past Temporary/ Permanent Order of Protection/Restraining Order (Date: _____)
- Parenting Plan
- Other: _____

*Please attach any legal documentation that would pertain to your case (Copy of current parenting plan, Order of Protection, etc.) *

Do you give us permission to update the court on the status of your **registration**? YES/NO
*By signing below, you agree to allow YWCA Caterpillars Program to update the court on your **registration status**:*

Signature: _____ Date: _____

Is there a current, open CPS case? Yes/No

Have you ever been charged with or convicted of a crime other than a traffic violation? Yes / No

If yes, please explain: _____

Please briefly describe your reason for interest and what you feel would be helpful for us to know about your situation (We will discuss more detail at intake interview):

Our grantor, the Office of Victim's of Crime Act requires us to collect specific data. The data is **not** to be utilized in accepting or denying your case. Please note if you have experienced any of the following:

Adult Physical Assault (Includes Aggravated and Simple Assault)		Adult Sexual Assault	
Adults Sexually Abused/Assaulted as Children		Bullying (Verbal, Cyber or Physical)	
Child Physical Abuse or Neglect		Child Pornography	
Child Sexual Abuse/Assault		Domestic and/or Family Violence	
DUI/DWI Incidents		Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other	
Human Trafficking: Labor or Sex		Kidnapping	
Stalking/Harassment		Other	

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: _____