



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

Service Requested: Supervised Parenting Time Supervised Safe Exchange Parenting Class

Please note filling out this application does not ensure that you are fully registered and enrolled 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.*

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(ren):

Age: _____ DOB: _____ Gender Identity: _____
 Age: _____ DOB: _____ Gender Identity: _____
 Age: _____ DOB: _____ Gender Identity: _____
 Age: _____ DOB: _____ Gender Identity: _____

Race/Ethnicity:	Child 1	Child 2	Child 3	Child 4
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 you or child(ren) using the center:

Do you or your child(ren) need any special 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 if you have it:

To your knowledge, is other participant currently in a relationship? YES/NO

Name of participant's current partner: _____

Outside Resources:

Agencies/People you are currently working with	Name	Contact Information
Attorney/ Court		
YWCA Contact		
Community Organization		
Guardian Ad Litem (GAL)		
CPS		
Other:		

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

_____ Court orders in place (Please attach any legal documentation that would pertain to your case (Copy of current or past parenting plans, Order of Protection, etc.)

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

*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

Name Phone/Email Address

Have you ever been charged with or convicted of any 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):

Referred to the Caterpillars Parenting Center by:

Name Phone/Email Address

Confidential Grant Information:

The Caterpillars Parenting Center is fully funded through the Montana Board of Crime Control utilizing a Victims of Crime Act Grant. We do not charge for any of our services through the parenting center. However, our grantor requires us to collect specific data pertaining to past victimization you or your child(ren) have experienced. 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	

Please note if your child(ren) has experienced any of the following:

Stalking/Harassment		Bullying (Verbal, Cyber or Physical)	
Child Physical Abuse or Neglect		Child Pornography	
Child Sexual Abuse/Assault		Domestic and/or Family Violence	
Human Trafficking: Labor or Sex		Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other	
Kidnapping		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: _____