

DEPENDANT CHILD/REN INFORMATION:

Please list the names and ages of children below:		
Full Name:	D.O.B/Age:	Where is she/he now?

If your child/ren is now in care, who will care for you child/ren while you are in treatment?

Name:	Address:
Relationship to the child/ren:	Phone #:

Do you struggle with parenting?

Has C.F.S. Ever been involved in the care of your child/ren? If yes, how many times?

If C.F.S. or any other Child Welfare Agency is currently involved with your child/ren, please fill in the information below:

Name of Worker:	Phone No:
Name of Agency:	Fax No: