



Caterpillars Parenting Center

Application for Services

Phone: 406-204-5436 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: (please mark all that apply)

<input type="checkbox"/> Supervised Parenting Time	<input type="checkbox"/> Supervised Safe Custodial Exchange
<input type="checkbox"/> Parenting Class	<input type="checkbox"/> Parenting Coaching or Advocacy

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 In a Relationship Married Divorced Separated Widowed

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

Child Demographics:

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

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
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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:

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

Caseworker Name

Phone/Email Address

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 pertains 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: _____

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):

_____ 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: _____

***Please note** submitting 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.

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 will **not** be utilized in determining eligibility for services, remains confidential, and is not included in your client file.

Date Form Completed: _____

- I am the custodial parent/legal guardian
- I am the non-custodial parent

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:	

Referred to Caterpillars Children’s Services by:

Name of Agency/Individual Phone/Email Address

*Failure to complete this section will result in a delay in services.