



Custodial Information Sheet

CUSTODIAL PARENT:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

WHETHER OTHER PARTY CAN KNOW YOUR ADDRESS: Y/N

CELL PHONE NUMBER: _____ TEXTING CAPABILITY: Y/N

ALTERNATE NUMBER: _____ TEXTING CAPABILITY: Y/N

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

NUMBER: _____ TEXTING CAPABILITY: Y/N

OTHER INFORMATION:

*RELATION TO CHILD: _____

*ETHNICITY: _____

*ANNUAL INCOME: _____

*MARITAL STATUS (biological parents of child(ren)):

Never married Married
 Separated Divorced

*SERVICES PERFORMED BY UNITED FAMILIES: Supervised Visitation or Neutral Drop Off/Pick-up

*REFERRAL SOURCE:

Self
 Court
 Child Support Agency
 Child Protection Agency
 Other (please specify) _____

**This information is requested but *not required* to help us in applying for grants and donations.

NON-CUSTODIAL PARENT:

NAME: _____
PHONE NUMBER: _____
RELATION TO CHILD(REN): _____

CHILD NAME: _____

DATE OF BIRTH: _____
CURRENT AGE: _____
ETHNICITY: _____
MENTAL DISABILITIES: _____
PHYSICAL DISABILITIES: _____
SPECIAL CONCERNS: _____
ALLERGIES: _____
MEDICATIONS: _____
ABILITY TO USE RESTROOM: Circle: Diapers/ Potting Training/Some Assistance/No Assistance
Needed)

CHILD NAME: _____

DATE OF BIRTH: _____
CURRENT AGE: _____
ETHNICITY: _____
MENTAL DISABILITIES: _____
PHYSICAL
DISABILITIES: _____
SPECIAL CONCERNS: _____
ALLERGIES: _____
MEDICATIONS: _____
ABILITY TO USE RESTROOM: Circle: Diapers/ Potting Training/Some Assistance/No Assistance
Needed)

CHILD NAME: _____

DATE OF BIRTH: _____
CURRENT AGE: _____
ETHNICITY: _____
MENTAL DISABILITIES: _____
PHYSICAL DISABILITIES: _____
SPECIAL CONCERNS: _____
ALLERGIES: _____
MEDICATIONS: _____
ABILITY TO USE RESTROOM: Circle: Diapers/ Potting Training/Some Assistance/No Assistance
Needed)

OTHER CONCERNS REGARDING THIS CASES: _____

NOTES: _____
