## **KEEP ME SAFE**

## Parenting Time and Exchange Centers Self-Referral Form

Today's Date:					
Your Name:	Phone:	e: Email:			
Address:		Date of Birth:			
Is one parent a registered predatory offender: YES	Has there b	peen a claim of ch YES NO	nild sex abuse?	Relationship to the child:	
Other Parent's Name:	Phone:		Email:		
Address (if known):		Date of Birth:		Relationship to the child:	
VISIT: Keep Me Safe is each. Requests for exc Coordinator.  Number of Visits per Week:					
EXCHANGE: Keep Me for exceptions to this s	should be discussed w	· ·		er week. Requests	
Location Requested:	Mankato	New Ulm			
Reason for Referral:	Family Court Ordere	ed	OFP/HRO/DA	ANCO	
Other:					
Do you have transportation to/from the center: YES	Do y NO	you have access t YES	o and use email:		

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Child's Information						
Child 1						
Name:	Date of Birth:	Gender:	Race:			
Resides with:		Phone:	Email:			
Transportation Provider:		Phone:	Email:			
Allergies or special consider Child 2	ations:					
Name:	Date of Birth:	Gender:	Race:			
Resides with:		Phone:	Email:			
Transportation Provider:		Phone:	Email:			
Allergies or special consider	rations:					
Child 3	audiis.					
Name:	Date of Brith:	Gender:	Race:			
Resides with:		Phone:	Email:			
Transportation Provider:		Phone:	Email:			
Allergies or special considerations:						
Child 4						
Name:	Date of Birth:	Gender:	Race:			
Resides with:		Phone:	Email:			
Transportation Provider:		Phone:	Email:			
Allergies or special consider Child 5	ations:					
Name:	Date of Birth:	Gender:	Race:			
Resides with:		Phone:	Email:			
Transportation Provider:		Phone:	Email:			
Allergies or special consider	ations:					

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**Scheduling** 

Is there currently an YES NO Is there a court ordered schedule? YES NO agreed upon schedule?

Please briefly describe the current schedule:

**NOTE**: There are many factors involved when KMS creates the schedule, including but not limited to: parent requests, children's schedules, transportation providers, center availability, and staffing capacity. KMS works diligently to meet the needs and requests of all parties involved and must manage and consider all of the above when creating the schedule. **KMS has final discretion regarding all scheduling. Confidentiality and privacy restrictions do not allow KMS staff to discuss scheduling limitations.** 

What safety concerns do you have:

What else would you like KMS to know?

The Intake and Case Coordinator will contact you within 2-3 days to discuss next steps or to schedule an orientation. Orientation lasts about 1 hour and may be conducted via Zoom.

Please be prepared with **copies of all court orders.** Refusal to provide requested documentation or all court orders may result in Keep Me Safe declining services.

Please do not bring guests to orientation (whether onsite or via Zoom), unless specifically discussed with and approved by the Intake and Case Coordinator prior to the orientation.

Questions or concerns should be addressed to the Intake and Case Coordinator - <a href="mailto:KMS@cadamn.org">KMS@cadamn.org</a> or by calling **507-625-8688 ext. 115.** 

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