

FAMILY / REUNIFICATION THERAPY PARENT INTAKE CHECKLIST

Client's Name: _____ Cause Number: _____

Child(ren)'s Names: _____ Date Order Received: _____

Your Relationship to Child(ren): Father Mother Other: _____

IMPORTANT OVERVIEW & WARNINGS

This checklist is your step-by-step guide to starting Reunification Therapy. **Failure to complete ALL steps correctly will delay services, including sessions with your child(ren).** Both parents must individually complete these requirements—services cannot begin until after everything has been received and approved.

- **No Child Sessions Until Parents Complete Intakes:** Each parent must attend a separate, minimum **2-hour** Intake Session before any child involvement/session.
- **Do NOT Schedule Anything Yet:** Wait for approval after submitting payments, paperwork, and the Court Order. Premature scheduling will result in **cancellation**.
- **Common Mistakes to Avoid:** Parents often (1) submit photos of documents; however, this NOT allowed—remember to submit scans/photocopies only, (2) forget to complete or submit separate forms for each child/attorney, or (3) fail to submit required payments. Double-check everything!
- **Insurance Note:** Ms. Logan does NOT accept or file insurance for court-related cases due to diagnostic risks in legal contexts.
- **Reference:** All forms, steps, and details are on our website:
<https://www.texaspcs.org/services/parenting-services/reunification-counseling>.

Aim to complete within 7-10 days of receiving the Court Order to avoid delays.

If stuck, email admin@texaspcs.org immediately.

PHASE 1: FINANCIAL & ADMINISTRATIVE REQUIREMENTS

These MUST be completed FIRST—before paperwork or scheduling.

Submit to admin@texaspcs.org or fax to (972) 895-2502.

- **Approved Appointment Court Order:** Provide the Order appointing Ms. Logan.
 Submitted | Date: _____
- **NON-REFUNDABLE Administrative Retainer: \$450.00** total (\$225.00 per parent).
 - Covers initial processing.
 - Your Portion: **\$225.00** Other Amount per Order: _____
 Paid | Method: Credit Card Check Other: _____
 Date: _____ | Amount: \$ _____
- **Initial Intake Session Payment: \$450.00** minimum payment amount per parent
 (for required **2-hour** Individual Intake Session at \$225.00/hour – Standard Rate).
 - Your Portion: **\$450.00** (minimum—additional time billed at \$225.00/hour).
 Paid | Method: Credit Card Check Other: _____
 Date: _____ | Amount: \$ _____

⚠ WARNING: Payments must be received and approved before proceeding.

PHASE 2: COMPLETE & GATHER REQUIRED INTAKE FORMS/DOCUMENTS

Intake paperwork will be emailed to you. Complete FULLY before your Intake Session. Use checkboxes to track.

Form/Document	Description & Instructions	Completed?	Date Ready
Family Reunification Service Agreement	Outlines terms, limitations, informed consent, process, procedures, and policies. MUST initial bottom of EACH page and sign the last page.	<input type="checkbox"/> Yes	_____
Client Demographic (Parent)	Fill out with YOUR information as the "Client's Full Name."	<input type="checkbox"/> Yes	_____
Child Information Form(s)	Complete SEPARATELY for EACH child/adolescent with specific details. One form per child—do not combine.	<input type="checkbox"/> Yes	_____

Form/Document	Description & Instructions	Completed?	Date Ready
Release of Information Form(s) (ROIs)	Complete SEPARATELY for: <input type="checkbox"/> Your attorney <input type="checkbox"/> Opposing counsel's attorney <input type="checkbox"/> ALL current/past mental health professionals for child(ren) <input type="checkbox"/> Our Family Wizard (OFW) One ROI per person/tool —do NOT skip any.	<input type="checkbox"/> Yes	_____
Telesessions Informed Consent	Authorizes online audio/visual sessions. Required even if preferring in-person.	<input type="checkbox"/> Yes	_____
Informed Consent for In-Person Services (COVID-19)	Details risks and protocols for in-person amid health concerns.	<input type="checkbox"/> Yes	_____
Color Copy of Driver's License / ID	Provide a CLEAR COLOR copy (scan/photocopy—NO photos). Black/white or unclear copies will be rejected.	<input type="checkbox"/> Yes	_____
Copy of Parenting Plan / Final Divorce Decree	Provide full copy (scan/photocopy—NO photos).	<input type="checkbox"/> Yes	_____

ADDITIONAL NOTES:

- Download forms from website if not received via email.
- Required, include Our Family Wizard (OFW) login/details in ROI.
- Review for accuracy—errors cause delays.

PHASE 3: SUBMISSION INSTRUCTIONS

CRITICAL: Follow EXACTLY to avoid rejection.

- **Electronic Submission (REQUIRED Before Session):**
 - Scan or photocopy ALL completed forms/documents.

- Email to admin@texaspcs.org AND/OR fax to (972) 895-2502.
- ⚠ **WARNING: DO NOT SEND PHOTOS/PICTURES of documents —they are often illegible and will NOT be accepted.** Use a scanner app or photocopier.

Electronically Submitted | Date: _____

💡 **TIP:** Test your scanner/fax—confirm receipt by emailing admin@texaspcs.org after submission.

PHASE 4: SCHEDULING & ATTENDING YOUR INTAKE SESSION

- **Prerequisites:** Ms. Logan must receive/approve: Court Order, Payments, and Paperwork.
- **How to Schedule:** You'll get instructions, usually online via self-service at <https://www.texaspcs.org/about/monika-logan>.
 - ⚠ **WARNING: Do NOT schedule until approved—risk cancellation/rescheduling.**
- **Session Details:** Individual, minimum **2 hours**. Both parents are provided equal time to share perspectives before child sessions. Intake Session must be in-person. However, Ms. Logan may request additional Parent Meeting(s) if needed, prior to child sessions based on your cause.
- **Your Intake Session Date/Time:** _____ | _____ (*Fill after scheduling*).
- **No Child Sessions Until:** Both parents complete their Intakes, and approved by Ms. Logan.

PHASE 5: COMMUNICATION & FINAL POLICIES

- **Protocol:** CC ALL active attorneys on relevant emails/faxes/letters (*e.g., conference requests*). Exclude from billing/scheduling.
- **Questions?** Email admin@texaspcs.org or call (972) 895-2502. Do NOT contact Ms. Logan directly unless instructed.
- **Preparation Tips:** Note concerns for your Intake Session. Be on time—late arrivals may shorten your session without refund.
- **Confidentiality Reminder:** Shared info may appear in legal reports; provide thoughtfully.

By signing, I confirm I have read, understood, and will follow this checklist. Incomplete items will delay therapy.

Parent's Signature: _____ **Date:** _____