

**KEEP ME SAFE**  
Parenting Time and Exchange Centers  
Self-Referral Form

Today's Date:

---

**Your Name:**

Phone:

Email:

Address:

Date of Birth:

Is one caregiver a  
registered predatory  
offender:

YES

NO

Has there been a claim of child sex abuse?

YES

NO

Relationship to the child:

---

**Other Caregiver's Name:**

Phone:

Email:

Address (if known):

Date of  
Birth:

Relationship  
to the child:

---

**VISIT:** Keep Me Safe is able to accommodate up to two (2) visits per week for up to 1 hour each. Requests for exceptions to this should be discussed with the Intake & Case Coordinator.

Number of Visits per Week:

Length of Visits: 1 hour

---

**EXCHANGE:** Keep Me Safe is able to accommodate up to two (2) exchanges per week. Requests for exceptions to this should be discussed with the Intake & Case Coordinator.

Number of Exchanges per Week:

---

**Location :** Mankato

**Reason for Referral:**

Family Court Ordered

OFP/HRO/DANCO

Personal agreement  
with other caregiver

Other:

Do you have transportation  
to/from the center:

YES

NO

Do you have access to and use email:

YES

NO

**Child's Information**

---

**Child 1**

Name:                                  Date of Birth:                                  Gender:                                  Race:

Resides with:                                  Phone:                                  Email:

Transportation Provider:                                  Phone:                                  Email:

Allergies or special considerations:

---

**Child 2**

Name:                                  Date of Birth:                                  Gender:                                  Race:

Resides with:                                  Phone:                                  Email:

Transportation Provider:                                  Phone:                                  Email:

Allergies or special considerations:

---

**Child 3**

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 considerations:

---

**Child 5**

Name:                                  Date of Birth:                                  Gender:                                  Race:

Resides with:                                  Phone:                                  Email:

Transportation Provider:                                  Phone:                                  Email:

Allergies or special considerations:

---

## Scheduling

Is there currently an agreed upon schedule?

YES

NO

Is there a court ordered schedule?

YES

NO

Please describe your availability for scheduling visits at KMS and/or your 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 - [KMS@cadamn.org](mailto:KMS@cadamn.org) or by calling **507-625-8688 ext. 115**.