



Destiny Dads Program Registration Form //

First Name: _____ Last Name: _____

Age: _____

Address: _____

Contact Information //

Phone Number: _____

Email: _____

Referred By: _____

Parental Context (check box that applies):

- Married
- Custodial
- Non-Custodial

Identified Race of the Father: _____

Number of Children: _____

Please fill out the following details for each of your children

Name	Age	Gender	Race

❖ How often do you see your child(ren) in a month's time? _____

❖ Has incarceration impacted your parental relationship? **Yes** or **No**

❖ Has substance abuse impacted your parental relationship? **Yes** or **No**

List two or three things you'd like to accomplish while participating in *Destiny Dads*:

❖ Please check any ACE's (Adverse Childhood Experiences) that have impacted your life and your role as a parent:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Physical neglect
- Emotional neglect
- A family member who is depressed or has been diagnosed with mental illness
- A family member who is addicted to alcohol or another substance
- Has had or currently have a family member who is incarcerated
- Witnessed the abuse of a mother or father
- Lost a parent to separation, divorce or death

❖ Please check any ACE's that have impacted your child(ren's) life:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Physical neglect
- Emotional neglect
- A family member who is depressed or has been diagnosed with mental illness
- A family member who is addicted to alcohol or another substance
- Has had or currently have a family member who is incarcerated
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