



Southwest Iowa Families, Inc.  
 215 E. Washington St., Clarinda, IA 51632  
 Phone: (712) 542-3501 Fax: (712) 542-4725  
 Teresa Kanning, LBSW – Iowa 4<sup>th</sup> Judicial District IDAP Coordinator

**IDAP ORIENTATION REGISTRATION**

Date of Referral: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone#: \_\_\_\_\_ Can we leave a message: \_\_\_\_\_

Referral Source (person or agency\*): \_\_\_\_\_ Mandatory/Volunteer

Name of DHS Worker (if any): \_\_\_\_\_

Name of Probation Officer (if any): \_\_\_\_\_

Intake Location: Council Bluffs \_\_\_\_\_ Clarinda \_\_\_\_\_

Intake in Council Bluffs: 1<sup>st</sup> Tuesday of every month (women to be announced, men 3pm to 5:30pm)

Intake in Clarinda: 3<sup>rd</sup> Wednesday of every month (women to be announced, men 1:30pm to 3:30pm)

Date Intake Letter Sent Out (staff only): \_\_\_\_\_

Group site they wish to attend (circle one): Council Bluffs Atlantic Clarinda

Items needed at intake: \$65 money order or cash  
 Incident report and/or Court Order  
 24 hour notice of cancellation  
 Date of Intake and time

Additional Comments:

\* If this is an outside agency, please mail or fax the referral and we will contact the client to set up the intake and send out a letter and brochure providing additional information regarding the program.