

Child Abuse Prevention Services, Inc.

50 S. French Broad Avenue
Asheville, NC 28801

Becoming a Love and Logic Parent

INTAKE FORM

DATE: _____

Name _____

Address _____

Current Phone

Alternate Phone

The following questions are completely voluntary and confidential. However, your participation will better allow us to serve the community. Thank you for your time and assistance.

Yearly Household Income: _____

Number and Ages of Your Children: _____

Reason for Taking the Class: _____

How You Heard About the Class: _____

Referred By: _____ Phone: _____ Email: _____

Email to childadvocacy@buncombe.main.nc.us ; FAX to 245-2605 or call 254-2000

www.childabusepreventionservices.org