

Mississippi
MDHS-MAV-P-001, 002, 003
Revised 11-01-2023

MAVP-001, 002, 003 APPLICATION AND ELIGIBILITY FORM

Thank you for contacting Mississippi Access and Visitation Program (MAVP) about your access and visitation issues.

Mississippi Access and Visitation Program (MAVP) provides free services to Mississippi resident parents to assist them in **Focusing on the Best Interest of their Child(ren)** by seeking a visitation/parenting time schedule by court order or by voluntary agreement.

The following information will be used to assess Client Readiness and Eligibility for any of MAVP services: Parent Education, Development of Parenting Plans, Non-Therapeutic Counseling, Mediation, and/or Visitation Monitoring Enforcement. Parents with a history of domestic/family violence may not be eligible for MAVP services. MAVP services can be terminated at any time.

- ♦ The non-custodial parent, the NCP is defined as the parent who does not have physical custody of the child(ren).
- ♦ The custodial parent, the CP is the parent or any other person who does have physical custody of the child(ren).

PLEASE ANSWER ALL THESE QUESTIONS COMPLETELY TO THE BEST OF YOUR ABILITY

SECTION I 001 - Person Requesting Services ♦ NCP ♦ CP OTHER _____

Name: (Last) _____ (First) _____ Date of Birth: _____
 Mailing Address: _____ City _____ ST _____ ZIP _____
 Cell Ph #: _____ Other #: _____ Last 4 of SSN: _____ Email Address: _____

Other Parent: ♦ NCP ♦ CP OTHER _____

Name: (Last) _____ (First) _____ Date of Birth: _____
 Mailing Address _____ City _____ ST _____ ZIP _____
 Cell Ph #: _____ Other #: _____ Last 4 of SSN: _____ Email Address: _____

Children: Name: _____ Date of Birth _____ Name: _____ Date of Birth _____
 Name: _____ Date of Birth _____ Name: _____ Date of Birth _____

SECTION II Issues: Visitation Order? Yes No Not Following Visitation Order CP Not Allowing Visitation
 Inconsistent Visitation by NCP Distant Residences Family Violence Status (**See Section V, B below)
 Other _____ **Last seen or visit with child(ren)** _____

SECTION III Child Support Case? Yes No **Case #** _____ **Child Support County:** _____
Court Cause # _____ (If Known) **What County** _____ **or State DO YOU live in?** _____

SECTION IV Client Data Who referred you to MAVP?: [1] Self [2] Court [3] Child Support Agency
 [4] Domestic Violence Agency [5] Child Protection Agency (CPS) [6] Other _____

You Are: [8] NCP Father [9] CP Father [10] NCP Mother [11] CP Mother [12] Grandparent/Legal Guardian
NCP=Non-Custodial Father CP=Custodial Father NCP=Non-Custodial Mother CP=Custodial Mother

How many children are involved? [13] _____ [A] Birth Certificate Signed? [B] DNA Test Done?

What is your Marital Status? [19] Never Married [20] Married [21] Separated [22] Divorced [23] DNR

What is your Race/Ethnicity? [24] American Indian/AK Native [25] Asian [26] Black/African American
 [27] Hispanic [28] Hawaiian/Pac Islander [29] White [30] 2 or More Races [31] DNR [32] Other

What is your Income: [33] Less than \$10,000 [34] \$10,000 – \$19,000 [35] \$20,000-\$29,000
 [36] \$30,000-\$39,000 [37] \$40,000+ [38] DNR

The data on these forms is not confidential. The data cannot be used for Discovery in Court.

What can we help you with – What Services are you requesting?

- [39] Mediation – Meeting with a neutral third party to come to an agreement on visitation and work out your issues.
- [40] Development of Parenting Plan – Developing a Schedule that works for your family situation.(See SOV Sample Guidelines)
- [41] Non-Therapeutic Counseling – Assistance/Training in Co-Parenting and Focusing on the Best Interest of the Child.
- [42] Parent Education - **Pro se Petition for a Visitation Order** **Pro se Contempt Petition to go back to Court**
- [45] Visitation Monitoring Enforcement – Self Reporting the status of ongoing visitation or the use of a Visitation App.

Other: _____
Write any other information here.

SECTION V - 002, 003 Eligibility for Services – Please Answer all these questions.

A. CO-PARENTING

1. **Do any of these Co-Parenting Issues Apply to You?** CONFLICTS with: Significant Others Family/Siblings/Friends
 Timely Pick-Up/Drop Off Child Care Issues Discipline Issues Work Schedules Other Visitation
 Child/Parent Health Issues Other Parent _____ **NONE OF THESE**
2. **Can you speak freely, express your opinions without anger or threats from the other parent?** Yes No
Comments: _____
3. **Will you participate in Mediation to help both parents to Focus on the Best Interest of the Child?** Yes No
Comments: _____

B. **FAMILY VIOLENCE: (from page 1): Has there been any Restraining/No Contact Orders against the other parent? Police called? Trips to the Hospital? Yes No (Parent Name and Dates) _____

PLEASE CHECK: If you have experienced any of the following from/with the Other Parent.

1. **Physical Violence** Hitting Kicking Slapping Choking Other Physical Harm _____
 Using a gun or weapon against: __ you, __ your child(ren), or someone close to you, and/or __ your pet(s)
 Forcing you to have sex or participate in unwanted sexual acts
2. **Emotional, Verbal, or Economic Abuse** Insulting or talking down to you. Violently jealous of you
 Following or stalking you Physically screaming, yelling or cursing at you
 Isolating you from others/ making you feel like a prisoner, always having to be present when you are talking to others
 Controlling you (places you go, finances, communication with family or friends, frequent phone calls)
 Threatening to harm or to kill (verbal, gestures, etc.): __you, __your child (ren), __ friends or family, __ your pets
 Threatening to abduct, kidnap you, a family member, or children
3. **Situational/Life Issues** Used drugs or alcohol, received any drug or alcohol treatment Have any mental illness
 Threatened suicide or to harm themselves Destroying your or others' property or belongings
 Any current or previous reports of child abuse/neglect** Yes No CPS involved? Yes No
CPS= Child Protective Services
4. **Family Violence Assistance:** *If you are a victim of family violence and need assistance please contact the **Mississippi Coalition Against Domestic Violence**. You may call **1-800-898-3234** (Mon-Fri, 8 am – 5 pm) or **1-800-799-7233** (After Hours). You may also visit the coalition website at **www.mcadv.org** to obtain the name and phone number of the nearest Domestic Violence Shelter. These shelters provide services to the families affected by domestic violence. Shelter services include: 24-hour crisis line, temporary housing, advocacy and referral programs, counseling, transportation and more.*

Note: Any incidences of child abuse or neglect will and can be reported to MDHS-Child Protective Services: 1-800-222-8000.

5. **If you DID NOT CHECK any boxes in SECTION V, B**-THEN YOU MUST CHECK one of the two boxes below.**
 None of the situations described above apply to me. I do not wish to answer these questions at this time.

Please SIGN AND DATE THIS FORM: I am the Non-Custodial Parent I am the Custodial Parent

→ Signature Required: _____ **Date:** _____ Click **Send** to Submit to MAVP

Or Email Your Application to: mavp@mdhs.ms.gov
Toll Free: 1-800-590-0818
Fax: 601-359-4370

Or Mail Your Application to: MS Access and Visitation Program
P O Box 352
Jackson, MS 39205