

**Family Name:** \_\_\_\_\_

**Caregiver/Foster Parent:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

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

**County of Jurisdiction:**  Leon  Wakulla  Gadsden  Jefferson  Liberty  Franklin  \_\_\_\_\_

**Caregiver/Foster Parent Estimated Annual Income:**  Less than \$10,000  \$10,000 to \$19,000  \$20,000 to \$29,000  
 \$30,000 to \$39,000  \$40,000 and Above

Child(ren)	DOB	Last 4 digit of SS#	Placement Type (Licensed/Non-Licensed)	School or Daycare of Attendance

Court approved visitors & relationship	DOB	Last 4 digit of SS#	Race / Ethnicity	Marital Status	Income per year

**Frequency of Visits:**  Once per week  Twice per week  Once every other week  Other \_\_\_\_\_

**Length of Visits:**  1Hour  1 ½ Hours  2 Hours  Other \_\_\_\_\_

*(Identifying date and time of preference does not guarantee availability at the time of referral)*

**Preferred day and time of visit:**  Mon  Tue  Wed  Thurs  Fri  Sat **Time:** \_\_\_\_\_

**Any available date and time:**

Does visitor have permission to take pictures?  Yes  No

Type of alleged maltreatment (select all that apply):  Substance abuse  Physical abuse  Sexual abuse  
 Neglect  Abandonment  Other \_\_\_\_\_

**Person alleged responsible for the maltreatment:**

Name	Relationship to child

