

FAMILY VISITATION CENTER SUPERVISED VISITATION REFERRAL FORM

Family Name:							
Caregiver/Foster Parent:							
Ph	one #:						
Ac	ldress:						
	_						
County of Jurisdiction:	☐ Wakulla	a 🗆] Gadsden [Jeffers	on Liberty	Franklin .	
Caregiver/Foster Parent Estimated	Annual Inc	ome:	: Less tha				20,000 to \$29,000
Child(ren)	DOB	Las	st 4 digit of SS#	Placement Type (Licensed/Non-Licensed)		School or Daycare of Attendance	
Court approved visitors DOB		nR	Last 4 digit		ace / Ethnicity	Marital	Income
& relationship			of SS#		ace / Ethinolty	Status	per year
Frequency of Visits: Once per	week 🔲 🛚	Гwice	per week	Once ev	very other week] Other	
_ength of Visits: ☐ 1Hour	☐ 1 ½ Ho	ours	2 Hours		Other		
(Identifying date a	nd time of p	orefe	rence does no	ot guarai	ntee availability at t	he time of referi	al)
Preferred day and time of visit:	☐ Mon ☐	Tue	☐ Wed ☐	Thurs [☐ Fri ☐ Sat T i	me:	
					Any a	vailable date and	d time:
Does visitor have permission to take	pictures?		☐ Yes] No			
Type of alleged maltreatment (select all that apply):			☐ Substance abuse ☐ Neglect		e		
Person alleged responsible for the	maltreatme	ent:					
Name				Relationship to child			

Description of the problems the failing is naving.	B# = =2 (= 1						
Parental	Marital	Other					
Lack of Supervision	☐ Divorcing/Separating parents	☐ Alcohol, drug misuse					
Showing affection	Ex-husband or wife	Unemployment					
Establishing appropriate rules or boundaries	☐ Domestic Violence between parents	Outside interference					
Disagreeing on discipline	Decisions making	☐ Transportation					
Fighting between kids	Other:	Expressing feelings					
Other:	Other:	Other:					
Indicate the level of supervised visitation requested: Supervised Visitation Enhanced Visitation							
Recommended level of observation base	d on risk factors: ☐ High ☐ Mod ☐ Individual ☐ Gro	lerate					
Current Permanency Goal: ☐ Reunification ☐ Adoption ☐ Permanent Guardianship ☐ Relative Placement ☐ APPLA							
Please list additional issues/concerns that may not be listed above:							
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Explain any special circumstances that the Supervised Visitation Program may need to be aware of such as domestic							
violence, mental illness, developmental ch	nallenges, risk of abduction, special safety	precaution, criminal history, other:					
Explain any special medical conditions of	the child(ren) that the Supervised Visitation	on Program may need to be aware of:					
Relevant documents such as CBHA's. Psy	chological Evaluations, or Psychiatric Eva	aluations, must be attached in order to					
Relevant documents such as CBHA's, Psychological Evaluations, <u>or</u> Psychiatric Evaluations, <u>must</u> be attached in order to support the level of visitation service requested. The shelter order or Pl Investigation Summary may be provided at a							
minimum in the event the previously stated documents are not immediately available. The information will be utilized to							
assess possible safety issues and addition	nal risks.						
Is CBHA, Psychological Evaluation, or Psychiatric Evaluation attached? Yes No							
If not, please explain:							
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Places are all the College Co.							
Please attach the following as applicable:							
☐ Supervised Visitation Court Order ☐ Mediation Agreement ☐ No Contact Order/Injunction							
CPI/Dependency Case Manager:		Office Number:					
Cell Number:		Email:					
CPIS/Dependency Case Manager Supervisor: Office Number:							
Cell Number:							
Date of Referral:							