SUPERVISED VISITATION STANDARD DEPENDENCY REFERRAL FORM

Notes:

- 1. A visit cannot be held until this form is completed.
- 2. If the CBC agency refers the case, a Court Order for Supervised Visitation must also be provided.
- 3. DCF or the Programs can decide to complete this form in a variety of ways, including but not limited to during telephonic communication with the child protective investigator or the dependence care/case manager.

Date Referral Received By SV Program:				
REFERRING AGE	NCY(S)/DEPARTMENT			
☐ DCF/other child protection Agency involvement	t? (contact name and phone number)			
☐ Local CBC (contact name and phone number)				
Other (list here:) (contact name and phone number)			
Transporter:				
Unit Supervisor (if applicable):	Phone #:			
Child Advocacy Center (if applicable):	Phone #:			
GAL (if applicable):	Phone #:			
Judge (if applicable):	Phone #:			

Children:					
Name	SSN#	DOB	M/F	Race	Caregiver/phone #
,					
Date of first visit:			Le	ngth of	visit:
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	7	/ISITATION	N IS BE	TWEEN	1
Child	(ren)	and			Name of visiting party
	CON	NTACTS/PA	RTIES	(if applie	cable)
MOTHER (name):					SS#:
Address:					Phone #:
Attorney (name):					Phone #:
Address:					
FATHER (name):					SS#:
Address:					Phone #:
					Phone #:
Address:					

To be completed by DCF/CBC; can be completed in conjunction with SV program staff:

1.	Who else is allowed to visit the	
	child(ren)? Is anyone prohibited from seeing the children with or without a no-contact order?	
	without a no-contact order:	
2.	Additional notes involving	
	transportation for the child(ren)to and from the	
	visitation?	
3.	How many visits do you	
	anticipate?	
4	Why were the children	
7.	removed? How long have they been in their current placement?	
	been in their current placement.	
		,
5.	Who is the alleged perpetrator	
	of the abuse? What are the abuse allegations? Are there any	
	sexual abuse allegations?	,

6.	What is the main purpose of the	<u></u>
	visitation(s)?	
7.	Are there any topics that should	
	not be discussed?	
8.	Does either parent have any	3
	physical or mental health issues?	
9.	Does either parent have any	
	substance abuse or violence issues that may be of concern?	
	issues that may be of concern.	
10.	. Does either parent have any criminal issues that may be of	
	concern?	

11. Does the child(ren) have any	
special physical or mental health	
issues that may be of concern?	
12 Are there any cultural ethnic	
12. Are there any cultural, ethnic, or religious considerations that	
will help staff better prepare for visits?	
10 4 1	
13. Are there any security concerns or additional comments that	ę
should be noted?	
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Reminders:

- 1. Prior to the first visit, please remind the visiting party that he/she is required to attend an Intake session with staff prior to the visit. A photo ID is required at this Intake.
- 2. Please instruct the party transporting the child to arrive promptly at the scheduled appointment (not before or later).
- 3. Obtain Custody Order from DCF/CBC.

Pursuant to §§ 39.0132(4)(a), 39.0139(4) & (5), and 39.814(4), this referral for Supervised Visitation may be provided only to the parties to the case and to the visitation center at which the court ordered visitation is to occur. Further dissemination is prohibited.