

VISIT COACHING DEPENDENCY REFERRAL FORM

Notes:

1. A visit cannot be held until this form is completed.
2. 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 AGENCY(S)/DEPARTMENT

DCF/other child protection Agency involvement? (*contact name and phone number*)

Local CBC (*contact name and phone number*)

Other (list here: _____) (*contact name and phone number*)

Transporter: _____ Phone #: _____

Address: _____

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: _____ Length of visit: _____
 Frequency: Weekly Bi-Weekly Bi-Monthly Monthly

VISITATION IS BETWEEN

_____ and _____
 Child(ren) Name of visiting party

CONTACTS/PARTIES *(if applicable)*

MOTHER (name): _____ SS#: _____
 Address: _____ Phone #: _____
 D/O/B: _____ Other: _____
 Attorney (name): _____ Phone #: _____
 Address: _____
 FATHER (name): _____ SS#: _____
 Address: _____ Phone #: _____
 D/O/B: _____ Other: _____
 Attorney (name): _____ 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?

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 removed? How long have they 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 visitation(s)?

7. Are there any topics that should not be discussed?

8. Does either parent have any physical or mental health issues?

9. Does either parent have any substance abuse or violence 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, or religious considerations that will help staff better prepare for visits?

13. Are there any security concerns or additional comments that should be noted?

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.