

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.



## Visit Referral

DATE

REFERRING CA WORKER'S NAME		PHONE NUMBER (AND AREA CODE)
CA STAFF E-MAIL	DSHS OFFICE	FAX NUMBER (AND AREA CODE)
CA SUPERVISOR'S NAME		PHONE NUMBER (AND AREA CODE)

### Visit Type

**Visit Type:**  Parent / child visit  Sibling visit

**Method:**  In person  Electronic  In person and electronic

**Transportation:**  With transportation  Without transportation  Transportation only

**Provider Type:**  Contracted  Relative / suitable adult caregiver  Foster parent  Case aide / intern  
 Volunteer  Other

Preferred Provider:

**Reason for Plan / Referral:**  Initial  Re-referral - parent no showed or missed three (3) consecutive visits  
 Re-referral - provider dropped  Update - Changes to visit location, frequency, duration or level of supervision  
 Re-authorization – all supervised visits every three (3) months

### Level of Supervision

**Unsupervised**

- The parent is the primary caregiver and is able to demonstrate the willingness and ability to safely care for the child for the duration of the visit.
- Any safety threats must be managed through the development of a safety plan if indicated.

**Monitored**

- Be ON SITE for the duration of the visit;
- Conduct periodic checks where they are able to both see and hear the parent-child interaction;
- Be readily available for intervention as needed.

**Supervised**

- Be within direct line of sight and sound of the child and all parties to the visit at all times during the visit.
- Visit service worker must accompany the parent and all children to the restroom if one needs to use the toilet.
- Sibling visits are supervised unless otherwise directed by the CA worker.

**Explain why visits cannot be unsupervised. Describe all resources explored prior to selecting contracted supervision and transportation support and explain why a non-contracted provider cannot be used.**

**Frequency and Duration**

How many visits per week/month? \_\_\_\_\_ times per \_\_\_\_\_ How long should each visit last? \_\_\_\_\_ hours

Overnight visits approved as of \_\_\_\_\_ (date)

Is time for visit negotiable?

- Yes  
 No; please provide required day and time for visit(s):

Court ordered as follows:

**Children Participating in Visits**

CHILD'S NAME / PERSON ID	CASE ID	ORIGINAL PLACEMENT DATE (OPD)	AGE	GENDER	CHILD'S WEIGHT (NECESSARY FOR CAR SEAT SELECTION)	KNOWN ALLERGIES (IF YES, DETAIL IN CASE SPECIFIC INSTRUCTIONS BELOW)
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Parent / Guardian Participating in Visits**

NAME	EMAIL	PHONE NUMBER	PRIMARY LANGUAGE	INTERPRETER NEEDED
				<input type="checkbox"/>

Other Approved Visit Participants		
NAME	RELATIONSHIP	PHONE NUMBER


Child Placement Information					
FIRST NAME OF CHILD PLACED	FOSTER / RELATIVE PLACEMENT NAME(S)	ADDRESS	PHONE	PICK-UP	DROP-OFF
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Other Pick-up / Drop-off Locations					
CHILD(REN) NAME(S)	LOCATION NAME	ADDRESS	CONTACT (NAME AND PHONE NUMBER)	PICK-UP	DROP-OFF
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Child Placing Agency Information		
CHILD	CPA NAME	CASE MANAGER'S NAME / PHONE NUMBER


Acceptable Visit Locations	
Visits should occur in the least restrictive environment. DSHS offices should be reserved for high risk families.	
LOCATION NAME	ADDRESS

--	--


**Safety Issues**

|                                | PARENT / CHILD           |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Anger outbursts                | <input type="checkbox"/> |
| Inappropriate touching         | <input type="checkbox"/> |
| Inappropriate conversation     | <input type="checkbox"/> |
| Substance abuse                | <input type="checkbox"/> |
| May try to leave with child    | <input type="checkbox"/> |
| Threatening behavior           | <input type="checkbox"/> |
| Medically complex child        | <input type="checkbox"/> |
| Restraining / no contact order | <input type="checkbox"/> |
| Domestic violence              | <input type="checkbox"/> |
| Other                          | <input type="checkbox"/> |

Explain any issues checked for each parent or child to assist visit supervisor in maintaining child safety.

**Visit Specific Instructions**

**Identify any special conditions / restrictions for visits regarding child health and safety information including:**

- Developmental needs, allergies, medical needs, dietary restrictions, etc.
- Expected behaviors of parents during visits including visit rules regarding canceling visits, rescheduling visits, arrival time, etc.
- Specify whether the visit participants are allowed to go outside during a visit.
- If the visit / contact is an electronic visit (Skype, Face Time, Prison Video Visit), provide specific information regarding the use of the computer or other media device.
- If the visit is occurring in a Correctional Facility, provide information for obtaining permission to accompany the child(ren) by visiting DOC website at <http://www.doc.wa.gov> and selecting "Family and Friends" tab.

CA WORKER'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE
		DATE
GATEKEEPER'S SIGNATURE	DATE	AREA ADMINISTRATOR'S SIGNATURE
Authorized from	to	DATE