



REFERRAL FORM

Date of Referral: Case #:

Referring Agency:

Contact Person:

Address:

Phone: Fax:

Supervised Exchanges Supervised Visitation

PARTIES INVOLVED

Main form area with sections for Party A, Party B, and Children, including fields for name, address, phone, and demographics.

Brief Description of the Reason for Supervised Visits/Exchanges

Check all that apply and give details:

Children's Services Involvement Caseworker _____ Phone _____

History of Domestic Violence between parties or others _____

Threats towards other party _____

CPO Date: _____

Criminal Activity _____ County _____

Mental Issues Diagnosis _____

Suicide Threats/Attempts _____

Drug/Alcohol Abuse Drug of Choice _____ Date of most recent screen _____

Bed Bugs _____

Physical or Medical Accommodations Necessary _____

Is there anything that would impact the safety of the children while at JC? _____

Concerns regarding the Child(ren):

Check all that apply and give details:

Presenting Behavior Issues _____

Issues in School _____

Mental/Emotional Issues Diagnosis: _____

Suicide Threats/Attempts _____

Physical or Medical Issues _____

Lice/Bed Bugs in the home _____

Has the Child/ren been subject to physical abuse _____

Other Concerns: _____

<u>Attorney for Residential Party</u>	_____	Phone _____
<u>Attorney for Visiting Party</u>	_____	Phone _____
<u>Attorney for Child(ren)</u>	_____	Phone _____
<u>CASA</u>	_____	Phone _____
<u>Guardian AdLitem</u>	_____	Phone _____

Supervised Visitation Details:

1) Requested Length of Supervised Visit:
 ___ 30 minutes ___ 1 hour ___ 2 hours Other: _____

2) Requested Frequency of Supervised Visit:
 ___ 1x per week ___ 2x per week ___ 1x every other week Other: _____

If 2 visits per week are recommended, may they be combined into one visit if necessary? ___ Yes ___ No

3) Requested Level of Supervision:
 ___ Level 1 Monitor in room with family at all times.
 ___ Level 2 Monitor outside of room checking in every 10 minutes
 ___ Level 3 Monitor outside of room checking in every 30 minutes
 ___ Level 4 Monitor checks Visiting Party and child(ren) in and out

4) Requested Type of Documentation
 ___ Supervised Visit Detailed Report
 ___ Supervised Visit Summary Report

5) Please list the names and phone numbers of all additional parties who may accompany the visiting party and how often: *Please be specific. If not named here, additional parties will be denied.*

6) The fee for Supervised Visitation is \$16.50 per visiting adult. **Indicate who is responsible for the fee.**
 Name _____ Total fee ___ ½ fee Other _____
 Name _____ Total fee ___ ½ fee Other _____

Supervised Exchange:

1) **Supervised Exchange Schedule:** (e.g. every other week-end, Friday at 6pm to Sunday at 6pm; every Wednesday from 6pm to 8pm, etc.) ***Please be specific with days and time.***

2) The fee for Supervised Exchange is \$16.50. (Includes Visiting Party pick up and drop off.) **Indicate who is responsible for the fee.**

Name _____ Total fee _____ ½ fee _____ Other _____

Name _____ Total fee _____ ½ fee _____ Other _____

Please include copies of the following documents:

FOR COMPLETION BY JOYFUL CONNECTIONS STAFF

Case Accepted

Case Denied **Reason** _____

Signature _____
Joyful Connections Staff