



REFERRAL FORM

Date of Referral: _____

Referring Agency: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Supervised Exchanges and Supervised Visitation checkboxes

PARTIES INVOLVED

Main form area with sections for Party A (Residential Party), Party B (Visiting Party), and Children (Child #1 to #5) with fields for name, gender, race, D.O.B., and Social Security #.

Presenting Situation:

- 1) Are Children Services Involved? Yes No If yes, what county? _____
Name of Caseworker _____ Phone _____
- 2) Brief Description of the current situation/Reason for Supervised Visits/Exchanges _____

- 3) Is there a history of domestic violence between the two parties? _____
- 4) Is a Civil Protection Order in Place? Yes No Date of CPO: _____
- 5) Does the Visiting Party have a history of criminal activity? _____
- 6) Does the Visiting Party have a history of drug/alcohol use? _____

Supervised Visitation Details:

- 1) Requested **Length of Supervised Visitation:**
____ 30 minutes ____ 1 hour ____ 2 hours Other: _____
- 2) Requested **Frequency of Supervised Visitation:**
____ 1x per week ____ 2 xs per week ____ 1x every other week Other: _____
If 2 visits per week are recommended, if necessary, may they be combined into one visit? ____ 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 outside of room & available if needed
- 4) Please list **all parties who may accompany the visiting party** and how often: *Please be specific. If not named here, additional parties will be denied.*

- 5) 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 _____

Attorney for Residential Party	_____	Phone	_____
Attorney for Visiting Party	_____	Phone	_____
Attorney for Child(ren)	_____	Phone	_____
CASA	_____	Phone	_____
Guardian AdLitem	_____	Phone	_____

Concerns regarding the Child(ren):

1) Is the Child(ren) in counseling? _____

2) Are there presenting behavior issues?

3) Does the Child(ren) have any physical, mental or emotional challenges that could impact visitation?

4) Does the Child(ren) have any health issues that could impact visitation?

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 _____

Documents:

Please include copies of the following documents:

- Journal Entry _____ Date Received by JC _____
- Protection Orders _____ Date Received by JC _____
- Other _____ Date Received by JC _____

Person(s) Completing the Referral Form:

Name: _____

Title: _____

Phone #: _____

FOR COMPLETION BY JOYFUL CONNECTIONS STAFF

Case Accepted

Case Denied **Reason** _____

Signature _____

Joyful Connections Staff