



# Children First *Partners*

*Because Every Child is Number One!*

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## CLIENT VISITATION REFERRAL FORM

Case Name: \_\_\_\_\_

Link #: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant Number: \_\_\_\_\_

Male  Female

Ethnicity:  Caucasian  Hispanic  Black  Asian  Native American  Other \_\_\_\_\_

Foster Parents Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt or Unit Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State/Zip Code

Phone Numbers:

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

Person with whom child is visiting: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please provide reasons for child placement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Name: \_\_\_\_\_  
Link #: \_\_\_\_\_

How long has child been in placement? \_\_\_\_\_

Why should most visits be supervised?

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Preferred site of visit: \_\_\_\_\_

Is transport needed?  Yes  No

If yes, for whom? \_\_\_\_\_

Do any parties involved have a history of:

Physical abuse

Sexual abuse

Substance abuse

Threatening behavior

Other      If other, please explain:

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Are there any other concerns regarding the visit or parent/child relationship?

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If this is a request for supervised visitation, please check the issues to be addressed:

Improve discipline techniques

Improve parent/child interaction

Teach child development

General parental education

Do you have any objections to the visitor viewing photos or home videos of the child?  Yes  No

DCF Special Case Worker Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt or Unit Number

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Case Name: \_\_\_\_\_  
Link #: \_\_\_\_\_

### CLIENT VISITATION PROFILE

Case Name: \_\_\_\_\_ Link # \_\_\_\_\_

Who will transport the children:  DCF  Foster Home  Parent  Other

If other, please name: \_\_\_\_\_

Pick up location: \_\_\_\_\_

Drop off location: \_\_\_\_\_

Location of visit: \_\_\_\_\_

Frequency/Length of visit: \_\_\_\_\_

Duration of visits: \_\_\_\_\_

Is there a car seat needed:  Yes  No

Foster Home Name: \_\_\_\_\_

|                |                |       |
|----------------|----------------|-------|
| _____          | _____          | _____ |
| Street Address | Apt #          |       |
| _____          | _____          | _____ |
| City/Town      | State/Zip Code | Phone |

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

|                |                |       |
|----------------|----------------|-------|
| _____          | _____          | _____ |
| Street Address | Apt #          |       |
| _____          | _____          | _____ |
| City/Town      | State/Zip Code | Phone |

Child's Name: \_\_\_\_\_

**FOOD OR LIFE THREATENING ALLERGIES:**

\_\_\_\_\_

**MEDICAL ISSUE, ALLERGIES OR SPECIAL NEEDS:**

\_\_\_\_\_

**REASON FOR SUPERVISION:**

\_\_\_\_\_

**LEVEL OF SUPERVISION:**  Earshot  Eyesight

Drug or alcohol issues: \_\_\_\_\_

Case Name: \_\_\_\_\_

Link #: \_\_\_\_\_

**SAFETY ISSUES:**

Restraining Order:  Yes  No  Against Whom? Name: \_\_\_\_\_

Risk of Flight:  Yes  No Name: \_\_\_\_\_

Other safety concerns: \_\_\_\_\_

Parent Can: Take Pictures  Yes  No Bring Food  Yes  No

Bring Gifts  Yes  No Take Child to bathroom:  Yes  No

Social Worker: \_\_\_\_\_

Social Worker Supervisor: \_\_\_\_\_

Case Name: \_\_\_\_\_  
Link #: \_\_\_\_\_

**VISITATION GOALS**

Visits are supervised for the following safety reasons:

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Initial goals to be accomplished during visitation:

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To move to unsupervised visits you need to demonstrate the following:

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As goals are accomplished future goals will be assessed