

## Referral Form

Date of Referral: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<input type="checkbox"/> Supervised Exchanges	<input type="checkbox"/> Supervised Visitations
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### Parties Involved

<p><b>Party A      Parent(s)/Adult(s)</b></p> <p><u>Residential Party</u>        ___ Mother ___ Father ___ Other _____</p> <p>Name _____</p> <p>Name: _____</p> <p>_____</p> <p><i>Address</i>        _____</p> <p><i>City, State, Zip</i>        _____</p> <p><i>Home Phone</i>        _____</p> <p><i>Cell Phone</i>        _____</p> <hr/> <p><b>Party B      Parent(s)/Adult(s)</b></p> <p><u>Visiting Party</u>        ___ Mother ___ Father ___ Other _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>_____</p> <p><i>Address</i>        _____</p> <p><i>City, State, Zip</i>        _____</p> <p><i>Home Phone</i>        _____</p> <p><i>Cell Phone</i>        _____</p>	<p><b>Children:</b></p> <p><b>Child #1 Name</b> _____</p> <p>Gender M or F      Race _____</p> <p>D.O.B. _____</p> <p>Social Security # _____</p> <hr/> <p><b>Child #2 Name</b> _____</p> <p>Gender M or F      Race _____</p> <p>D.O.B. _____</p> <p>Social Security # _____</p> <hr/> <p><b>Child #3 Name</b> _____</p> <p>Gender M or F      Race _____</p> <p>D.O.B. _____</p> <p>Social Security # _____</p> <hr/> <p><b>Child #4 Name</b> _____</p> <p>Gender M or F      Race _____</p> <p>D.O.B. _____</p> <p>Social Security # _____</p> <hr/> <p><b>Child #5 Name</b> _____</p> <p>Gender M or F      Race _____</p> <p>D.O.B. _____</p> <p>Social Security # _____</p> <hr/>
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**Presenting Situation:**

1) Are Children's Involved?  Yes  No If yes, what county? \_\_\_\_\_

Name of Caseworker \_\_\_\_\_ Phone \_\_\_\_\_

2) Brief Description of the current situation 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 of history of drug/alcohol abuse? \_\_\_\_\_

**Supervised Parenting Details:**

1) Requested Length of Supervised Visitation:  
 30 minutes  1 Hour  2 Hours Other: \_\_\_\_\_

2) Requested Frequency of Supervised Visitation  
 1x per week  2xs per week  1x every other week Other: \_\_\_\_\_

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

- 3) Requested Level of Supervision:
- Level 1 Monitor in with family at all times
  - Level 2 Monitor outside of room checking every 10 minutes
  - Level 3 Monitor outside of room checking 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.*

<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 Ad Litem</u>	_____	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 the visitation?

\_\_\_\_\_

\_\_\_\_\_

4) Does the Child(ren) have any health issues that could impact the 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.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Documents:**

Please include copies of the following:

\_\_\_ Journal Entry \_\_\_\_\_ Date Received by Kinship \_\_\_\_\_

\_\_\_ Protection Orders \_\_\_\_\_ Date Received by Kinship \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ Date Received by Kinship \_\_\_\_\_

**Person(s) Completing the Referral Form:**

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

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

**FOR COMPLETIONS BY KINSHIP HOUSE STAFF**

Case Accepted \_\_\_

Case Denied Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**Kinship House Staff**