

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



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

Visit Plan

		DATE	VISIT PLAN ID
REFERRING CA WORKER'S NAME		PHONE NUMBER (AND AREA CODE)	
DCYF STAFF E-MAIL	DSHS OFFICE	FAX NUMBER (AND AREA CODE)	
DCYF 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 DCYF 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
						<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"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Other Approved Visit Participants

NAME	RELATIONSHIP	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

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.

CASE WORKER'S SIGNATURE	DATE	PARENT'S SIGNATURE	DATE
PARENT'S SIGNATURE	DATE	PARENT'S SIGNATURE	DATE