

THE WHISTLE STOP
OCS FAMILY VISITATION REFERRAL

OCS Program: ___Crisis Intervention ___Family Services ___Foster Care ___Adoption

Family Information:

| <u>Child(ren)</u> | <u>Age</u> | <u>Legal Guardian/Relationship</u> | <u>Caretaker /Relationship (if not legal guardian)</u> | <u>Caretaker Telephone</u> |
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Family Members/Significant Others Approved for Visitation

| <u>Name of Relative(s)/Visitor</u> | <u>Relationship to Child(ren)</u> | <u>Telephone Number</u> | <u>Special Conditions of Visitation (if any)</u> |
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*Please indicate the primary visitors (those who are to attend each visit).

**Please indicate ancillary visitors (those who are approved to visit or who can attend occasionally).

Reason for removal _____

Special Needs of the Child(ren):

How the child(ren) feel about family visits:

Any information concerning family and domestic violence, including any risk factors or security issues?

Visitation Services Requested: (please circle one): 1. Monitor in Room 2. Monitor in Booth

Frequency of Visitation: Weekly____ Every other week____ Monthly____

Length of Visitation: 1Hr.____ 2 Hrs.____ 3 Hrs.____ 4 Hrs.____

Referring Name:_____ **Telephone Number:**_____

Email Address:_____ **Date:**_____