

## GUIDELINES FOR FAMILY VISIT PLAN

\*This form may be attached to a Protective Plan or used to revise an already-existing visit plan.

<b>Child Name:</b>	<b>Date:</b> /     /
<b>Worker Name:</b>	<b>County:</b>
<b>Plan Is:</b> New	
<b>Safety Influences:</b>	

**Minimum Level of Supervision Required:**

<p><b>Mother</b></p> <p>Supervised by:</p> <p><input type="checkbox"/> Department or contracted provider</p> <p><input type="checkbox"/> Foster Home (Name(s):     )</p> <p><input type="checkbox"/> Relative (Name(s):     )</p> <p><input type="checkbox"/> Other (Name(s):     )</p> <p><input type="checkbox"/> Semi-Supervised</p> <p><input type="checkbox"/> Unsupervised, up to     hours per day.</p> <p><input type="checkbox"/> Overnight</p>	<p><b>Father</b></p> <p>Supervised by:</p> <p><input type="checkbox"/> Department or contracted provider</p> <p><input type="checkbox"/> Foster Home (Name(s):     )</p> <p><input type="checkbox"/> Relative (Name(s):     )</p> <p><input type="checkbox"/> Other (Name(s):     )</p> <p><input type="checkbox"/> Semi-Supervised</p> <p><input type="checkbox"/> Unsupervised, up to     hours per day.</p> <p><input type="checkbox"/> Overnight</p>
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**Least Restrictive Location Permissible:**

<p><b>Mother</b></p> <p><input type="checkbox"/> Community Facility (HCC, BCC, etc.)</p> <p><input type="checkbox"/> Public place in the community</p> <p><input type="checkbox"/> Foster Home</p> <p><input type="checkbox"/> Relative Home</p> <p><input type="checkbox"/> Family Home</p>	<p><b>Father</b></p> <p><input type="checkbox"/> Community Facility (HCC, BCC, etc.)</p> <p><input type="checkbox"/> Public place in the community</p> <p><input type="checkbox"/> Foster Home</p> <p><input type="checkbox"/> Relative Home</p> <p><input type="checkbox"/> Family Home</p>
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**Rationale for Level of Supervision and Location:**

**Signatures:**

<p>_____ Name – Worker (Print)</p> <p>_____ SIGNATURE - Worker</p>	<p>_____ Date Signed</p>
<p>_____ Name – Supervisor (Print)</p> <p>_____ SIGNATURE - Supervisor</p>	<p>_____ Date Signed</p>