Northwest Rocky Mountain CASA

Supervised Family Time Orientation Information

DATE:_____ Orientation for: Visiting Parent Non Visiting Parent

Parent Contact Information

Name: _____ Date of Birth: _____

Phone: _____ Email Address:_____

Physical Address:_____

Mailing Address: (If different from above):_____

Child(ren) name(s) & DOB:

_____

_____

_____

_____

The reason for the supervised visitation:

_____

_____

_____

_____

How do you think the child(ren) will do in the visit:

_____

_____

_____

What are the child(ren)'s interests and hobbies:

_____

_____

_____

_____

_____

Does the visiting party have contact with the child(ren) outside of **Supervised Family Time?**

_____

_____

Has the child(ren) been, or are they currently involved in therapy or a therapeutic program (name)?

_____

_____

Does the child(ren) have any behavioral, medical, or other needs?

_____

_____

Are there Court Orders or documents pertaining to **Supervised Family Time,** i.e. Protection Orders, No Contact Order, Treatment Plans?

_____

_____

_____

_____

Are there drug or alcohol issues? Y N Please specify

_____

_____

Are you currently on any medications that could impact your care for your child(ren) during SFT?

Y N Please Specify

_____

_____

DHS Referred Cases
Additional DHS guidelines: Y N _____
Ongoing caseworker name & contact information: _____

Domestic Relations Cases (Private Pay)
Fee: $65.00 per hour
Will be paid by whom: _____

Non-visiting Party Only:

Who has permission to attend visits?_____

Who may not attend visits?_____

Emergency Contact: _____

Individuals Authorized to pick up children in case of emergency: _____

Visiting Party Only:

Request for additional people to attend visits: _____

SFT Notes sent to: _____

Emergency Contact: _____

Individuals Authorized to pick up children in case of emergency: _____

What to expect at Supervised Family Time:

- Arrangements will be made to avoid direct contact between parties
- Children should arrive at the start time of the SFT session.
- The visiting parent arrives 15 minutes before the start time of the SFT session and leaves 15 minutes after the child(ren) have departed the facility.

The SFT session is documented on a laptop by a supervisor who remains within sight and hearing distance of the family members at all times. They factually document what takes place during the visit, including time of arrival/departure, activities and interactions between the visiting party and the child/ren. The documentation does not entail opinions of staff or volunteers. The visit supervisor does not take an active part in the visit.

Reasons for staff intervention to terminate the visit:

- Staff suspects visiting party is under the influence of alcohol or drugs
- Child makes repeated requests for the visit to end
- Visiting party is repeatedly talking about the other party to the child
- Staff observes the child to be unsafe due to the presence of the visiting party
- Visiting party is acting in an unsafe manner causing physical or emotional distress to the child
- Early termination of a visit is at the sole discretion of the supervisor

Payment of fees:

All fees are due upon arrival or in advance of the scheduled visitation. Refunds will not be permitted for early termination of visits. Visiting parties/payees must give NWRM CASA Supervised Family Time staff 24 hours notice for a visitation cancellation. Fees will be assessed to the responsible party for missing scheduled visitations. The drop-off party will be assessed the fee if they are a no show for the visitation. All visitation Fees are calculated at a rate of $65.00 per hour. All checks must be made payable to NWRM CASA SFT

Visiting Parent Name: _____ Contact Number:_____

Signature: _____ Date: _____

Non Visiting Parent Name: _____ Contact Number: _____
Signature: _____ Date: _____

Northwest Rocky Mountain CASA Inc is the non-profit organization responsible for the Supervised Family Time program. All supervisors are staff or volunteers of Northwest Rocky Mountain CASA Inc.

Staff Name: _____

Staff Phone number: _____

Staff Email address: _____

Staff Signature: _____

Date: _____

I acknowledge that I have received a copy of the Parent Handbook:

_____

Print Name

_____

Signature Date