



A program of
 Family Resource Center
 320 N. River St.
 P.O. Box 1312
 Calhoun, GA, 30703
 Office: 706-625-3311 ext. 218
 Fax: 706-625-8963

Melinda Spires
 Visitation Supervisor
mspires@frcgordon.org

Visitation Referral Form

Please complete the entire form and attach any additional relevant documents (Case plan, CCFA's, Protection orders, etc.) and court orders

Referring individual:	Referral Date:
Case name/number:	Telephone:
CASA/GAL Name and Contact Information (if applicable):	Email address:
Attorney Name and Contact Information (if applicable):	Date child/children sheltered:

Visitation Plan

Supervised visits at center	Semi-supervised visits at center (Please detail the extent of supervision)		
Frequency of visits:	Weekly	Bi-weekly (twice a week)	Bi-monthly (every other week)
Length of visits:	1 hour	2 hours	
<i>Please note that the visits will be scheduled as can be accommodated by Supervised Visitation Center.</i>			

Transportation Arrangements

Caseworker to transport Custodial/Foster Parent to transport (includes authorized relatives) Service provider to transport <i>The individual transporting the child(ren) may need to present photo identification at times of pick-up and drop-off.</i>	Other Arrangements. Describe:
--	-------------------------------

Foster Parent/Placement/Residential Information

Name	Relationship to Child(ren)	Contact #

Children

Name	Age	Sex	DOB	Placement Contact	Address

List the individuals that may participate in visits.

Name	DOB	Relationship to Child(ren)	Contact #	Special Conditions

History

Please check all that apply:

Physical Injury/Abuse

Emotional Abuse

Sexual Abuse

Medical Neglect

Substance Abuse

Domestic Violence

Bizarre Punishment

Inadequate Housing

Other (Explain):

Reason for DFCS/Court involvement (Be as detailed as possible)

Visitation Goals:

List any criminal issues that parent(s) may have?

Has parent(s) ever been required to register as a sex offender? If yes, explain

List any issues or circumstances that visitation center should be aware of with respect to the children such as allergies, fears, special needs, etc?

**List any circumstances or areas of concern that visitation center should be aware of with respect to the visitor(s)?
List any individuals prohibited from visiting with the child(ren)?**

Additional Comments

*****PLEASE NOTE: SUPERVISED VISITATION CENTER MUST BE NOTIFIED AND MADE AWARE OF ANY CHANGES IN ADDRESS, PHONE NUMBERS, OR CHANGES IN VISITATION ARRANGEMENTS AND CASE CLOSURES.**