

Client Name: _____

The Ark Family Preservation Center Supervised Visitation Participation Agreement (Family Law Clients)

I have read and hereby agree to follow the guidelines and requirements outlined in The Ark Family Preservation Center Guidelines to ensure the safety and well-being of all parties.

Printed Name	Signature of custodial caregiver	Date
--------------	----------------------------------	------

Printed Name	Signature of non-custodial caregiver	Date
--------------	--------------------------------------	------

Printed Name	Signature (designate role)	Date
--------------	----------------------------	------

Printed Name	Signature of The Ark facilitator	Date
--------------	----------------------------------	------

Reasons for Termination of Services

The Ark Family Preservation Center may decide to terminate services for a family due to the following reasons:

1. Safety or other issues involved in the case that cannot effectively be addressed by The Ark Family Preservation Center.
2. The case is placing undue demand on The Ark's resources.
3. One or both parties have failed to comply with the program guidelines.
4. Threat of or actual violence or abuse.
5. One or both parties informs The Ark that services are no longer needed.
6. High number of cancellations/ no shows/ late arrivals.
7. Ongoing refusal of child to visit with noncustodial party so that continuation of services may be detrimental to the child's safety and emotional well-being.
8. Refusal to pay for services

A case will be considered inactive after prolonged inactivity (more than 2 months). If The Ark terminates services, all parties will be notified in writing.

Custodial Parent Signature _____ Date _____

Noncustodial Parent Signature _____ Date _____

The Ark Facilitator Signature _____ Date _____