



**The Ark Family Preservation Center
Supervised Visits and Monitored Visits**

**Family Law Clients
REFERRAL INFORMATION**

(This section to be completed by the referral source or client, if self-referred)

Date: _____ **Contact Person:** _____

Referral From: _____

Address: _____

Phone: _____ **Fax:** _____

IDENTIFYING INFORMATION

Custodial Parent/Party

Non-Custodial Parent/Party

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship to Child: _____

Relationship to Child: _____

CHILD(REN) Please list names, age, and gender of all children involved in supervised or monitored visitations.

Child: _____

Child: _____

Age: _____ **Gender:** ___ M ___ F

Age: _____ **Gender:** ___ M ___ F

Child: _____

Child: _____

Age: _____ **Gender:** ___ M ___ F

Age: _____ **Gender:** ___ M ___ F

Reason for requesting supervised visitation/ monitored visitation:

Is there a current court ordered visitation schedule? _____ Yes _____ No

If yes, please specify: (court order MUST be included with referral)

Is there a PROTECTION or COURT ORDER in place? _____ Yes _____ No

If yes, please specify: (court order MUST be included with referral)

Who should receive summary reports? _____

Requested frequency of reports? _____

Is there a SAAG, CASA, GAL, or Attorney involved? _____ Yes _____ No

Please provide the name(s) and phone numbers:

SERVICES REQUESTED:

_____ **Interactive Parent Training:** (most intensive)

Using "on-the-job" training and modeling of warm, nurturing ways of responding to children, **therapists** teach parents how to discipline effectively, communicate clearly with their children, learn better food preparation habits, learn the benefits of eating together and cleaning up together. Therapists meet each family where they are and help them enjoy living and playing together. Through these interactions, parents learn the skills needed to form secure attachment bonds with their children, bringing healthy communication and self-management skills into the normal family habits. These services are available to families whose children have been removed from the home, providing non-custodial parents every opportunity possible to be reunited with their children.

_____ **Supervised Visitation:** (less intense and less interactive)

For families who desire only supervision without interactive training, a designated supervisor is present during the entire visit to ensure the safety of the child. The individual assigned to supervise the visit assures the rules and conditions of the visit are adhered to by the family and child (clarifying as needed if/when specific behaviors or activities should not or must not occur). The individual assigned to supervise the visit typically documents or notes specific observations and assesses the parent-child interaction.

_____ **Unsupervised (Monitored) Visitation**

For families who have been mandated to have unsupervised visitation but need a safe environment, the family visitation occurs without a supervisor being present at all times. However, a monitor is available and checks in with the family from time to time.

~~~~~

Recommendation as to **FREQUENCY** of Services:

- \_\_\_\_\_ 1 time per week
- \_\_\_\_\_ 1 time every other week
- \_\_\_\_\_ Other: \_\_\_\_\_

Special Needs of the Children:

---



---

Special Issues to watch for: (behavioral, medical, attitudinal issues of family members)

---



---

\_\_\_\_\_  
Signature and Position of Referring Person

\_\_\_\_\_  
Date