



**SUPERVISED VISITATION REFERRAL FORM**

**REQUESTING AGENCY INFORMATION:**

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

SOCIAL WORKER NAME: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

VISIT SUPERVISOR NAME: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

*\*Currently, we do not provide visit supervisors at our center. You must provide the visit supervisor.*

**FAMILY INFORMATION:**

Parent #1:  Custodial  Non-custodial  
 Mother  Father

Parent #2:  Custodial  Non-custodial  
 Mother.  Father

Child(ren) Involved:

CHILD INITIALS	AGE

**SERVICES REQUESTED:**

Frequency of visits (number per week/length of visits):

Reason for supervision:

- Domestic Violence       Child Abuse       Sexual Abuse/Assault       Substance Abuse  
 Mental Health       Emotional Abuse       Threat of parental abduction       Homelessness  
 Violation of Court Orders       Stalking       Other

Details:

Any other known criminal behavior?

Restraining, no contact or protective orders in place?

- Yes, current attached       Yes, past, currently closed       None/Not aware of any

Restrained Party: \_\_\_\_\_

To the best of your knowledge, what other case issues should we be aware of while using our center that might affect the safety of the child(ren) or protected parent?

Any other comments/concerns? This information greatly assists CC in providing a safe environment and ensures CC is aware of any specific safety concerns or special needs unique to this family.

*Please contact Compassion Connection to share any other pertinent information. All information will be kept confidential. Return form to: [thecompassionconnectionmn@gmail.com](mailto:thecompassionconnectionmn@gmail.com)*

**BILLING INFORMATION:** *Our center is currently available for use free of charge through the end of 2023. We will begin to charge a one-time \$35 intake fee in 2024. If our space is not used, we will waive this fee. We do not charge for the visit room itself. Please reach out, if there is a hardship.*