

The Meeting Place

219 E. Washington St.
Napoleon, Oh. 43545

At The Center for Child & Family Advocacy, Inc.
Supervised Visitation and Neutral Exchanges
Beth Gerken, LISW-S, Executive Director

Phone: 419-592-0540 ext. 118
Fax: 419-592-4514

Referring Agency: (please include address and phone):

Date: _____

Case No. _____

Service Requested:

Contact Person: _____

_____ Parent Time/Visitation

Contact Person Phone no. _____

_____ Neutral Exchange

Is the referred individual an offender? ____yes ____no If yes, please explain: _____

Please document why this referral is being made: _____

Residential Adult/Foster Parents :

Nonresidential Adult/Visiting Party:

Name: _____

Name: _____

Address: _____

Address: _____

Phone no: _____

Phone no: _____

Cell No: _____

Cell no: _____

Best time to call: _____

Best time to call: _____

Child/Children

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

Legal Custodian/Guardian: _____

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Legal Custodian/Guardian: _____

Legal Custodian/Guardian: _____

SUPERVISED PARENTING TIME/VISITATION SERVICES/NEUTRAL EXCHANGES

Special problems to watch for (I.E. behavioral, medical, attitudinal etc.). _____

Family Members or guests **WHO MAY** participate in parenting time or drop off/pick up (name & relationship):

Family members or guests **WHO MAY NOT** participate in parenting time or drop off or pick up (provide name & relationship):

Requested Length of Supervised Parenting Time/Visitation: Circle One: 60 min. 90 min. 120 min.
Requested Frequency: Circle One: Twice weekly Weekly Every Other Week Once a Month Other: _____
Anticipated Duration of Visits/exchanges: Choose One: 1 Month 2 months 3 months 6 visits 8 visits 12 visits
Until the next Court date which is: _____ Other: _____

Requested level of supervision for Parenting Time:
_____ Level 1 Monitor in the room with the family AT ALL TIMES
_____ Level 2 Monitor observing through a one-way mirror and listening through a speaker system
_____ Level 3 Monitor outside of the room checking in every _____ minutes

NEUTRAL EXCHANGES: Requested days for exchanges. (requests are considered, but **may not** be available) _____

REPORTS: The reports should be emailed:
Circle One: Monthly: Before Next Court Date of _____ Other: _____

Who should receive reports (We do **NOT** provide reports to foster parents, parents or children) Include Name, Agency, email address and phone number
1. _____
2. _____
3. _____

Who is to be responsible for payment of services rendered? If no party is specified, the nonresidential adult will be charged for the services: _____

Any other information you feel that we may need: