

## VISITATION and CONTACT PLAN

For each child, state type, time, level of supervision, frequency, duration, location of visits, and transportation arrangements. Revise as often as necessary. If children are separated, also include a plan for sibling visitation. Different forms should be completed when the children have different visitation plans.

<b>Child(ren) Name(s):</b>	

This plan with _____	is effective	through _____
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<b>Supervision Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>By Whom:</b>
<b>Place of visit:</b>	
<b>Frequency of visits:</b>	
<b>Hours:</b>	
<b>Length of visits:</b>	
<b>Transportation Arrangements:</b>	
<b>Special Considerations:</b>	
<b>Phone Calls Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>With Whom:</b>	<b>Monitoring Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Monitoring Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mail/Email Allowed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>From Whom:</b>	<b>Monitoring Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Monitoring Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Send All Mail/Email to:</b>	

Signatures:  
 Child/Youth (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_  
 Parent(s) \_\_\_\_\_ Date \_\_\_\_\_  
 Social Worker \_\_\_\_\_ Date \_\_\_\_\_  
 Others \_\_\_\_\_ Date \_\_\_\_\_