



## FAMILY VISITATION PLAN

Plan Is For: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Effective Date (mm/dd/yyyy)
Case Name	Name(s) – Child(ren)
Name – Worker	If changing visits to unsupervised overnight visits, was reunification staffing done? Yes/No?

<b>List those allowed to visit with:</b>		
Name of Child(ren)	Name of Adult	Relationship to Child

<b>Maximum Level of Supervision Required for Adult</b>	
<b>Name</b> <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Overnight <input type="checkbox"/> Other (Specify)	<b>Name</b> <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Overnight <input type="checkbox"/> Other (Specify)
Supervised by: <input type="checkbox"/> Department or contracted provider <input type="checkbox"/> Foster Home – Name(s): <input type="checkbox"/> Relative – Name(s): <input type="checkbox"/> Other – Name(s):	Supervised by: <input type="checkbox"/> Department or contracted provider <input type="checkbox"/> Foster Home – Name(s): <input type="checkbox"/> Relative – Name(s): <input type="checkbox"/> Other – Name(s):

**Rationale for Level of Supervision**

**Location, Time, Duration, Frequency, and Description of**

**Description of Responsibilities**  
 Include each parent's responsibilities to: arrange / confirm visits with the agency worker, plan and prepare activities for the family interaction and assist their child with the transition at the conclusion of the family interaction.

**Description of Agency Responsibilities**  
 Include how agency will assure that family interactions will occur on a regular basis.

**Transportation**  
 Document how any necessary transportation will take place and who is responsible for the transportation.

**Description of Sibling Visitation**

**Comments**



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**Signatures**

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**SIGNATURE** – Family Member

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Date Signed

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**SIGNATURE** – Family Member

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Date Signed

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**SIGNATURE** – Other

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Date Signed

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**SIGNATURE** – Other

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Date Signed

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Name – Worker

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Date Signed

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**SIGNATURE** – Worker

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Name – Supervisor

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Date Signed

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**SIGNATURE** – Supervisor