



Request for Visit Coaching

**** Along with this request form, please send any copies of service plans, social history or other necessary/relevant court documents to gain more information on the family we will serve. In addition, we will also need a copy of the FAPT report approving funding. ****

Parent Name (1): _____ Phone # _____

DOB: _____ Gender: _____ Race: _____

Address: _____

Primary language spoken: _____

Parent Name (2): _____ Phone # _____

DOB: _____ Gender: _____ Race: _____

Address: _____

Primary language spoken: _____

Duration of Visit Coaching: 3 months 6 months Other: _____

**Visit Coaching does not exceed 9 months.*

Frequency: Weekly Biweekly Hours Per Week: _____

During weekday: _____ Weeknights: _____ Weekends: _____

Day/Time Preference: _____

Location of Visits: enCircle Office DSS Office Community Home Virtual

Referring Agency: _____ Phone #: _____

Case Manager Name: _____ Email: _____

Requestor's Signature: _____ Date: _____

****Please attach contact information for ALL case/social workers that are involved****

Due to the ongoing COVID 19 pandemic, we take all necessary precautions to keep everyone safe. This includes wearing PPE for visits held inside the office and opting for virtual visits if anyone is sick.

Child #1

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

Child #2

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

Child #3

Name:	DOB:
Gender:	Race/Ethnicity:
City of Temporary Care:	Are child(ren) placed together?

****For additional child(ren), please use additional paper and attach****

Foster Family info

Foster Parent Name (1): _____ Phone # _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Address: _____

Foster Parent Name (2): _____ Phone # _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Address: _____

Why is visit coaching being requested?

Are there currently any scheduled visitations? If so, please explain

Is there any other information to be aware of regarding family dynamics, relationship status, etc.?

Internal Use (DO NOT FILL OUT)

Visit Coach Assigned: _____

Phone # _____ Date Services Start: _____

Supervisor Signature: _____ Date: _____