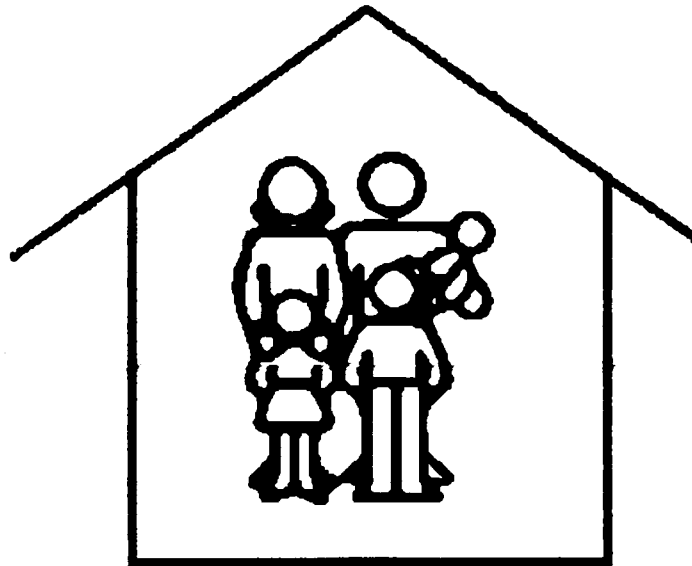


**Ron Wood Family Resource Center
Supervised Visitation Services
Supervised Visitation and Neutral Exchanges
Information Packet**



Ron Wood Family Resource Center
2621 Northgate Ln, Suite 62, Carson City, Nevada 89706
<http://www.carson-family.org>
775/884-2269 – 775/884-2730 (fax)

Dear Parent,

The purpose of this letter is to provide you with a brief description of Ron Wood Family Resource Center's Supervised Visitation program and to let you know what information you need to bring with you for the Intake session. You must complete the Intake session before visits or exchanges can begin.

Each party completes the Intake session individually to determine the appropriateness, frequency, timing, and scheduling of the visits or exchanges. The staff of the Center will do all the scheduling of the visits and exchanges based on what time is available on the program's schedule, and input from all parties.

FEEES FOR SERVICES MUST BE PAID WHEN THE APPOINTMENT IS SCHEDULED.
MISSED APPOINTMENTS OR APPOINTMENTS CANCELED
WITH LESS THAN 24 HOUR NOTICE ARE NON-REFUNDABLE.

Currently, the Center is open for visits and exchanges on Monday – Friday depending on availability.

Nights and weekends are not available at this time.

Exchanges are available Monday – Friday 9am to 4pm only.

Appointment times are limited so please schedule in advance to reserve your session.

Administrative hours are from 8:00 to 5:00 Monday through Friday.

Closed Thursdays from 1pm – 2:30pm for staff meetings.

PLEASE READ THE FOLLOWING INSTRUCTIONS

- 1. Read the enclosed information about the Supervised Visitation program thoroughly and complete the Intake Form and Welcome Form in the packet.**
- 2. Come into Ron Wood Family Resource Center to pre-pay and schedule your session.**
- 3. Bring your completed Intake packet and Welcome Form with you to your first session.**

We look forward to offering a safe, structured environment for your visit or exchange.

Please feel free to ask any questions you might have during your Intake session.

FEE SCHEDULE

FEES FOR ALL SERVICES MUST BE PAID PRIOR TO SCHEDULING.
THE RON WOOD FAMILY RESOURCE CENTER WILL ACCEPT CASH
AND CHECKS TO HOLD YOUR APPOINTMENT.

Intake (per person.....	\$50
Supervised Visits (per hour)	\$35, 40, 45
Neutral Exchanges (per exchange)	\$20.
Additional children – Supervised Visitations (per child)	\$5

Failure to provide 24 hours advance notice of cancellation of a scheduled visitation period will result in a cancellation fee equal to the amount of the visit, payable by the individual canceling visitation.

The Center is applying for grants to help fund Supervised Visitation services for those who cannot afford them.

Until that time, the above sliding scale fee was developed based on household income and the Federal Poverty Guidelines.

POLICIES FOR SUPERVISED VISITATION AND EXCHANGE SERVICES

Preparing Your Child

Each Parent's Responsibilities to the child:

- ❖ Help the child understand that he/she has done nothing wrong and that it is not his/her fault that the Supervised Visitation must occur.

Custodial Parent:

- ❖ Assist the child in becoming acquainted with the surroundings at the Ron Wood Family Resource Center, so that he/she is comfortable with the atmosphere before the visitation begins. It is important that the child knows the staff at the Center is always available for him/her during the visit or exchange, but that staff is not involved in the decision-making process about custody and/or court ordered visitation or exchanges.
- ❖ Maintain a positive outlook about the visitation yourself. Children are very impressionable and they can sense how their parents are feeling. If they feel that you are comfortable with visitation, they may be more apt to be positive about the visitation themselves.
- ❖ Use an age-appropriate method; explain to the child the purpose of the Supervised Visitations and the safety arrangements. This way, the child can feel informed and feel as though they have some control in the situation.

Non-Custodial Parent:

- ❖ Assist the child to feel comfortable during the visitation or exchange by not pressuring the child with questioning, inappropriate comments about the other parent, discussing adult issues or trying to force the child to demonstrate affection.

INTAKE

All individuals must complete an Intake packet and session before any visitation services can be scheduled. During the Intake, all participants agree to complete and sign all program forms and releases. Visitation services are for the parties designated by the referring agency and will be discussed at the Intake. Additional parties desiring to participate in visitation services must obtain prior approval from the Ron Wood Family Resource Center (and possibly from the referring agency) and complete and sign all forms, releases to attend an Intake.

Parents/Guardians should inform the staff at the Intake if there is a possibility of small children (not involved in Supervised Visitation services) that may accompany adults during drop-off and/or pick-up.

ARRIVALS AND DEPARTURES

Supervised Visit Arrival:

The **Non-Custodial Party** will arrive 10 minutes prior to the scheduled visit time. Non-Custodial parents will wait in a separate area for the child (ren)'s arrival.

The **Custodial Party** will arrive at the appointed scheduled visit time to drop off the child (ren).

Supervised Visit Departure:

The **Custodial Party** will arrive 10 minutes prior to the scheduled visit end time to pick up the child (ren). The non-Custodial party will remain in a separate area during pickup.

The **Non-Custodial Party** will depart after the Custodial parent.

Neutral Exchanges

Custodial Party will arrive 10 minutes prior to the scheduled exchange time. Non-Custodial parents will arrive at the appointed time.

Individuals who exhibit potentially violent behavior, have a history of violent behavior, or who have consistently violated the Center's policies may be asked to remain at the Center until the other party has left the Family Visitation Center area.

Late and Early Arrival Policy:

A party is considered "Late" or "Early" if the arrival time is more than 5 minutes before or after what the above policy indicates is the correct arrival time. If either party arrives more than 15 minutes after the scheduled visit time, the visit or exchange may be cancelled and the violating party duly noted.

Late or Early arrivals/departures are a violation of the Center's policy. The Center may suspend or terminate visits or exchanges if parties continuously violate this policy.

BEHAVIOR WHILE PARTICIPATING IN SUPERVISED VISITS OR EXCHANGES

You must agree to these guidelines in order for a visit to proceed!

- There is to be no Contact or confrontation between parents during exchange or visitation.
- No weapons or any articles that could be used a weapon are allowed on the premises of the Ron Wood Family Resource Center.
- The visit will **not** take place if you appear to be **under the influence of drugs or alcohol.**
- Directions provided by the monitor must be followed. No discussion of the rules with the child present.
- Cell phones: Set to vibrate; no calls or texting allowed during visit
- Unless previously agreed upon, the parent(s) or guardian(s) will be the only person allowed at the visit.**
- You may not use the visitation for the servicing of court documents.
- You may not pass correspondence or messages to the other parent (such as regarding legal matters) through child/children or monitor.
- Negative comments** regarding the child (ren), the child (ren) placement, any agency's involvement, the monitor, or any other caregiver **will not be tolerated** and may result in termination of the visit.
- Sharing of court information or court documents with the child/children and/or making of promises **about future living arrangements, time-sharing or visitation modifications.** Visit discussions should focus on the present to avoid pressure and/or disappointment.
- Speaking negatively about the other parent, his or her family or designee in front of the child/children and/or questions about the other parent's whereabouts or activities will not be tolerated and may result in termination of the visit.
- Inappropriate demands for physical contact, foul language, shouting, threats of violence or abuse, attempts to move child/children out of sight or hearing of monitor will not be tolerated and may result in termination of the visit.
- All gifts must be pre-approved prior to the visit.
- You may bring your own toys and games to entertain your child during the visit. No outdoor toys allowed. Toys you bring with you go home with you, not the child.
- Children are not allowed to be taken out of the visitation room unless accompanied by the monitor.
- The visiting person (if an adult) is responsible for managing the child's behavior. **Spanking, hitting, or threatening** will not be tolerated and will result in termination of the visit. The monitor will help if needed.
- There is to be no talking down to your child (ren) using language to punish, embarrass, ridicule or demean them in any way. (Name calling, speaking loudly)
- The visitation room is your responsibility. The room must be returned to its original condition prior to the end of the visit. Clean up is to begin ten minutes before pickup.
- The visiting person should not try to appear lonely or needy. This may cause the child to worry or feel guilty.
- There are to be no prolong or tearful good-byes.

The monitor may terminate the visit at any time of the above guidelines are violated, or if any other behavior occurs that the monitor believes are inappropriate, or if the child (ren) appears unduly distressed. This document can serve as the basis for an incident report. In no way is this list exhaustive.

These are not all the rules and guidelines; others may be addressed as they arise. Failure to abide by these guidelines can result in reporting to supervising authorities.

RESTROOM AND DIAPER CHANGING POLICY

All children will be escorted to the restroom by Ron Wood Family Resource Center staff.

If the child is old enough to go to the restroom alone, the visiting party has the option to wait in the hall with the monitor or in the visit room.

If the child requests or needs assistance, the visiting party may help the child in the restroom as long as there are no previous sexual abuse allegations AND the monitor can see both child and visiting party and their behavior.

Visiting parties are responsible to change diapers (unless otherwise directed by staff).

All diapers will be changed in the presence of staff and in the designated areas.

FAMILY VISITATION CENTER STAFF

There is always a minimum of two staff members present in the Ron Wood Family Resource Center. Families are expected to take guidance and instruction from the staff members that are monitoring visits or facilitating the exchange. Do not engage staff in detailed conversations during visit and exchange hours.

For all non-emergency administrative questions/concerns, contact the Center between the hours of 8:00 am to 5:00 pm Monday through Friday. You may e-mail the monitor or the Center's Executive Director at Executive_director@carson-family.org. Staff will make every effort to begin processing requests, comments or concerns within 2-3 business days.

DOCUMENTATION OF VISITS AND EXCHANGES

Written records of observations during supervised visits/exchanges will be maintained by the Ron Wood Family Resource Center.

The Ron Wood Center does not provide letters to parties regarding the status of supervised visits or exchanges, nor will we provide Court testimony.

CANCELLATIONS, MAKE-UP VISITS AND EXCHANGES, NO SHOWS

Cancellations are to be made 24 hours **prior** to the scheduled supervised visit or exchange.

If an emergency arises that affects your scheduled visit or exchange, call the Center as soon as possible. (775) 884-2269

Multiple cancellations may jeopardize the capability to continue to use the Supervised Visitation program. A reason for cancellation is required. Missed visits generally cannot be "made up"; however, under special circumstance the Center will attempt to do so as the Supervised Visitation schedule allows.

Fees for cancelled visitations less than 24 hours in advance will NOT be refunded.

Again, fees for all visits must be paid prior to scheduling, including rescheduling missed visits under these circumstances.

ONE NO SHOW (where one or both parties do not arrive for the visit/exchange and does not call the Center to cancel a visit or exchange) will jeopardize that family's ability to use the Supervised Visitation program.

SUPERVISED VISITS ONLY

- ❖ Families will be assigned a specific room to be used during the visit. Families cannot leave the assigned room without prior notification to a staff member.
- ❖ Prior approval is needed for anything brought into the Center during a visit. This includes but is not limited to TOYS, MOVIES, GIFTS, CARDS, CAMERAS AND EXCHANGE OF PHOTOGRAPHS OR ONES TO SHARE. All gifts must come into the Center unwrapped (gift bags with tissue paper are allowed). No toys of destruction or war are allowed. Cards must be unsealed and may be read by staff. All bags may be checked upon entrance to the Center.
- ❖ The Center may end a visit at any time if all policies, procedures and/or house rules are not being followed and/or if it is in the best interest of the child.

VIOLATIONS OF THE POLICIES AND RULES

The Ron Wood Family Resource Center *Policies, Procedures and Rules for Supervised Visitation/Exchanges* are in place to ensure that services are rendered in a safe and efficient manner.

Violations of the POLICIES, PROCEDURES and/or RULES:

- ✓ Will be noted in the monitoring reports and may be reported to the referring agency.
- ✓ Could result in termination from the program
- ✓ Could involve law enforcement officials when the safety or security of individuals or the program is challenged.

CENTER RULES AND SUPERVISED VISITATION AGREEMENT

If any of the following rules are violated, Supervised Visitations/Exchanges may be terminated and the local law enforcement agency may be summoned.

I, _____, am entering into this Supervised Visitation Agreement with the Ron Wood Family Resource Center. (Initial each line item below)

_____ I understand and agree if I arrive at the Family Visitation Center and I am suspected to be under the influence of alcohol or drugs, my visit/exchange will be canceled.

_____ I understand and agree not to make any THREAT OF VIOLENCE while participating in supervised visitation services (before, during or after a visit or exchange). This includes but is not limited to fighting, harassment, loitering and/or confrontations with anyone.

_____ I understand and agree not to possess any WEAPONS while participating in supervised visits or exchanges. Pocketknives are considered a weapon.

_____ I waive the right to carry any concealed weapon onto the Family Visitation Center property (building or grounds). This includes any person licensed to carry a concealed weapon or law enforcement officer involved in the Supervised Visitation program.

_____ I understand that each family at the Family Visitation Center is unique and occasionally additional policies or procedures could be implemented by Family Visitation Center staff to keep children and other participants safe.

_____ I understand the Ron Wood Center does not provide letters or Court testimony regarding my visits.

_____ I understand that Ron Wood Family Resource Center has the right to refuse services to any individuals that violate the Supervised Visitation Policy and Procedures.

_____ I have read, understand and agree to abide by the entire fee schedule outlined in this agreement. I understand that all appointments must be paid at least 24 hours in advance. I understand fees for missed appointments or an appointment canceled less than 24 hours in advance will not be refunded.

_____ I have read, understand and agree to abide by arrival and departure times as outlined in this agreement.

_____ I have read, understand and agree to abide by the behavioral expectations as outlined in this agreement.

_____ I have read, understand and agree to abide by the rules as outlined in this agreement.

_____ I understand that Ron Wood Family Resource Center reserves the right to refuse service to any individual if such individual proposes a threat and/or displays inappropriate behavior that does not coincide with the positive family atmosphere at the center.

I have read, understand and agree to abide by all the Supervised Visitation policies and the house rules of the Ron Wood Family Resource Center.

Signature

Date

Staff Initials: _____

Date: _____

Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Referred by: _____

Are you the Custodial Parent Non-Custodial Parent Other (*please specify*)

Name: _____

Current Address: _____
Street City State Zip

Home Phone Number: _____ Cell Number: _____

When is the best time to contact you? _____

May we leave a message at Home Cell Work

Employer: _____

Occupation: _____

Work Phone Number: _____

E-mail: _____

Date of Birth: _____

Spouse Significant Other/Partner Name: _____

TRANSPORTATION INFORMATION:

Please list the automobile(s) you will drive or the automobile(s) driven by the person providing transportation for you:

Year of Car Make/Model of Car: _____ Color of Car: _____

License Plate Number: _____

Year of Car Make/Model of Car: _____ Color of Car: _____

License Plate Number: _____

Will you be walking OR dropped off at the Family Visitation Center?

If being dropped off, who will provide transportation for you? Name: _____

Please list the automobile this person will drive in the space provided above.

HOUSEHOLD INFORMATION

Please list all children who will be participating in supervised visits or neutral exchanges:

CHILD #1

Name: _____
Date of Birth: _____ Age: _____

Gender: Female Male

CHILD #2

Name: _____
Date of Birth: _____ Age: _____

Gender: Female Male

CHILD #3

Name: _____
Date of Birth: _____ Age: _____

Gender: Female Male

What days/hours do you work?

(Visits will be scheduled according to what days and times are available on the Center's schedule. The Center will make every effort to take into account days and times BOTH parties are available.)

Possible days/times for visitation/exchanges:

Date child (ren) last visited with child (ren): _____

Attorney's Name: _____

Address: _____
Street City State Zip

Telephone: _____ Fax: _____

In what County is your Court Order? _____

Is there a CASA (Court Appointed Special Advocate)/GAL (Guardian Ad Litem) involved with your case? Yes No

Name: _____ County: _____

Phone Number: _____

HEALTH INFORMATION

Do you/child have any health-related illnesses/conditions/disabilities that could affect services?

Yes No

Person's Name Limitations

Do you/child have any allergies the Center should be aware of?

List all allergies

Person's Name

Allergy

If needed, list additional information on the back of this page

DOMESTIC VIOLENCE AND FAMILY VIOLENCE

Is there a history of domestic or family violence between the parties? Yes No

Is there a history of stalking? Yes No

Is there a safety plan? Yes No

If yes to any of the above questions, please explain:

Was anyone ever formally charged with Domestic Violence? Yes No

What were the charges? _____

Is there a Civil Protection Order (TRO/TPO) in place? Yes No

If yes, describe reason for TRO/TPO: _____

What County or City Court issued the TRO/TPO: _____?

Has either party violated the TRO/TPO? Yes No If yes, name of person: _____

Have the Child (ren) witnessed or experienced family violence (hitting, pushing, screaming, yelling, verbal fights, etc.)? Yes No

If yes, describe _____

Why were supervised visits ordered?

Does either parent possess mental health issues that could jeopardize the child or staff during a visit? Explain

Does either parent possess violence issues that could jeopardize the child or staff during a visit? Explain

Does the visiting parent have any other issues that could jeopardize the child or staff during a visit? Explain

Is there anything else you feel we should know?

For Custodial Parent:

Please initial below if the visiting parent is able to provide gifts and/or food during the visit.

_____ Gifts OK _____ No Gifts

_____ Food OK _____ No Food

Dietary restrictions: _____

Is there any other person permitted to attend the visit with the child and under what circumstances? (*i.e.* grandparents, stepparents, siblings) Please note: Additional parties in the visit will be discussed prior to inclusion in a visit. The visiting party is subject to attend an Intake session to understand the rules of visitation.

I hereby certify the information on this Intake form is true and accurate to the best of my knowledge.

I agree to allow the Ron Wood Family Resource Center to contact emergency medical personnel (911) if needed for my child (ren) or myself.

I have listed all medical concerns to which emergency personnel should be made aware.

Signature: _____

Date: _____

***YOU'VE COMPLETED THE INTAKE FORM!
THE NEXT STEPS ARE...***

***Sign and Initial the forms as indicated
Stop by the center to pay for the Intake Session
Schedule the Intake session
Bring the Intake Packet and Welcome Form to the Intake session***

FOR OFFICE USE ONLY

Intake form received by: _____
Staff Initials Date

Intake form reviewed by: _____
Staff Initials Date



Welcome Form

Date: _____

Name: _____
 First Middle Last

Birth Date: _____ / _____ / _____
 Month Day Year

Age: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: (____) _____ - _____

Primary Language: _____

Sex:
 Male
 Female

Health Insurance:
 Yes
 No

Disabled:
 Yes
 No

Veteran:
 Yes
 No

Hispanic:
 Yes
 No

Check All That Apply:

<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Nevada Check Up
<input type="checkbox"/> Disability	\$ _____	<input type="checkbox"/> WIC
<input type="checkbox"/> Energy Assistance	\$ _____	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Food Stamps/SNAP	\$ _____	<input type="checkbox"/> Housing
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Free/Reduced Lunch
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Unemployment	\$ _____	\$ _____

What is Your Race?
 (Choose one or more)

- White/Caucasian
- Black/African American
- Multi Race
- Native American/
American Indian
- Asian/Pacific Islander
- Other

Family Type:

Single
 Married
 Divorced
 Separated
 Widowed

Highest Level of Education Completed:

Elementary/Middle School
 High School/GED
 Vocational/Technical Training
 College Degree
 Other _____

Employer: _____

Monthly Income: \$ _____
Annual Income: \$ _____

<u>Adults in Household:</u> Name	Birth Date	Age	Sex M/F	Disabled Y/N	Race	Relationship to You

<u>Children in Household:</u> Name	Birth Date	Age	Sex M/F	Disabled Y/N	Race	School & Grade	Relationship to You

Signature: _____ **Date:** _____

Signature: (2nd Year) _____ **Date:** _____