**FILE IN TREATMENT SERVICES SECTION**

**VISITATION PLAN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME** | |  | **DCN** | |  | **PLACEMENT PROVIDER** | |
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| **FAMILY COMPOSITION: (PARENTS, SIBLINGS, RELATIVE, SIGNIFICANT OTHERS)** | | | | | | |
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| **TIME FRAME COVERED IN VISITATION PLAN:** | | | |  | | |
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| **VISITATION PLAN WITH PARENTS:**  **FREQUENCY:**  Weekly  Bi-Monthly  Monthly  Upon Request by Family | | | | | | |
|  |  | | | | | |
| **PLACE:** |  | | | | | |
|  |  | | | | | |
| **DATES AND TIME:** |  | | | | | |
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| **SPECIAL INSTRUCTIONS: (VISITATION TO BE SUPERVISIED AND BY WHOM):** | | | | | | |
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| **TRANSPORTATION PROVIDED BY:** | | | | | | |
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| **IF VISITATION IS LESS FREQUENT THAN WEEKLY AND THE GOAL IS REUNIFICATION, STATE REASON:** | | | | | | |
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| **SIBLING VISITATION PLAN:**  **FREQUENCY:**  Weekly  Bi-Monthly  Monthly  Upon Request by Family | | | | |
|  |  | | | |
| **PLACE:** |  | | | |
|  |  | | | |
| **DATES AND TIME:** |  | | | |
|  |  | | | |
| **TRANSPORTATION PROVIDED BY:** | | | |
|  | | | |
| **IF VISITATION IS LESS FREQUENT THAN WEEKLY AND THE GOAL IS REUNIFICATION, STATE REASON:** | | | | |
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| **SIGNATURE** | |  | **DATE** | |
|  | |  |  | |
| Parent | |  |  | |
|  | |  |  | |
| Parent | |  |  | |
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| Placement Provider | |  |  | |
|  | |  |  | |
| Child | |  |  | |
|  | |  |  | |
| Child | |  |  | |
|  | |  |  | |
| Child | |  |  | |
|  | |  |  | |
| Social Service Worker | |  |  | |