**FILE IN TREATMENT SERVICES SECTION**

**VISITATION PLAN**

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| **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:**  |  |
|  |
| **VISITATION PLAN WITH PARENTS:** **FREQUENCY:** [ ]  Weekly [ ]  Bi-Monthly [ ]  Monthly [ ]  Upon Request by Family |
|  |  |
| **PLACE:** |  |
|  |  |
| **DATES AND TIME:** |  |
|  |  |
| **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:** |       |
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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:** |
|       |
| **SIGNATURE** |  | **DATE** |
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| Parent |  |  |
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| Parent |  |  |
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| Placement Provider |  |  |
|  |  |  |
| Child |  |  |
|  |  |  |
| Child |  |  |
|  |  |  |
| Child |  |  |
|  |  |  |
| Social Service Worker |  |  |