

TRANSPORTATION/FAMILY VISITS REQUEST

Case Information

Case Name	SACWIS Number	Date
Caseworker's Name	Caseworker's Extension	Caseworker's Unit
Supervisor's Name	Supervisor's Extension	
Foster Caseworker's Name	Foster Caseworker's Extension	

Children Involved

Child 1	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Child 4	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Child 2	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Child 5	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Child 3	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Child 6	Full Name	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Custody Holder

Full Name	Address	Phone
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If Relative or Free Home holds custody, has the *LCCS 8878 – Permission to Transport* form been signed? Yes No
AND Sent to Family Visits? Yes No

Reason for Transportation (*Check one*) Visit Parenting Counseling Med/Psych Other:

Request Visit with Transportation Request Visit with No Transportation Request Transportation with No Visit

Visit Level (*Check one*): Level I Level II Level III

Possible Days/Times

Monday	Begin After	End Before	Thursday	Begin After	End Before
Tuesday	Begin After	End Before	Friday	Begin After	End Before
Wednesday	Begin After	End Before	Saturday	Begin After	End Before

Factors to be Considered for Visitation Services

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse is an active issue	<input type="checkbox"/>	<input type="checkbox"/>	Family is working cooperatively with LCCS staff
<input type="checkbox"/>	<input type="checkbox"/>	Violence against children/others is an active issue	<input type="checkbox"/>	<input type="checkbox"/>	Parents can visit together
<input type="checkbox"/>	<input type="checkbox"/>	Protection Order	<input type="checkbox"/>	<input type="checkbox"/>	Pictures/Video can be taken
<input type="checkbox"/>	<input type="checkbox"/>	Family has issued threats of harm against children or LCCS staff or threats to abduct children			

Behavior to observe during visit/transportation

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Restrictions to impose during visit/transportation
Special information (e.g., allergies, medical issues) or comments

Approved Visitors ****Only those listed in this section will be allowed to visit****

Name	Relationship	Phone	Name	Relationship	Phone
Name	Relationship	Phone	Name	Relationship	Phone
Name	Relationship	Phone	Name	Relationship	Phone

Pick Up/Return Address (include apt. #)

Child 1	Phone	Return Address (include apt. #)	Phone
Child 2	Phone	Return Address (include apt. #)	Phone
Child 3	Phone	Return Address (include apt. #)	Phone
Child 4	Phone	Return Address (include apt. #)	Phone
Child 5	Phone	Return Address (include apt. #)	Phone
Child 6	Phone	Return Address (include apt. #)	Phone

Location of Drop Off Point

<input type="checkbox"/> LCCS <input type="checkbox"/> Providence Center <input type="checkbox"/> Mott Library	
<input type="checkbox"/> Other: (Location of Other Drop Off Point - include apt. #)	Phone

Placement Information/Person(s) Allowed to Accept Child

Child 1	Relationship	Phone
Child 2	Relationship	Phone
Child 3	Relationship	Phone
Child 4	Relationship	Phone
Child 5	Relationship	Phone
Child 6	Relationship	Phone

Name of Individuals Authorized to Cancel Transportation/Visits

*Attach to email and send to Charmaine Elkins and Nicole White