

Supervised Visits Intake Form

Intake Date: _____

Child Name: _____ DCF Case Number: _____

Where is the child placed? (check one): Foster Home Relative Residential

Address: _____

City: _____ Zip Code _____

Phone Number: _____ Child's Date of Birth (age): _____

Ethnicity: _____

School: _____ Grade: _____

Parent Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Date of Birth (age): _____

Ethnicity: _____

Marital Status: _____

Time of visit: _____ How Long?: _____

Are the visits: In the community Family Life Development Center

 My People Visitation Location Parent Home Other: _____

Length of Service (check one): 3 months 6 months

Has payment been approved?: _____ Date: _____

DCF Worker: _____ Phone Number: _____

Are there any concerns?: _____
