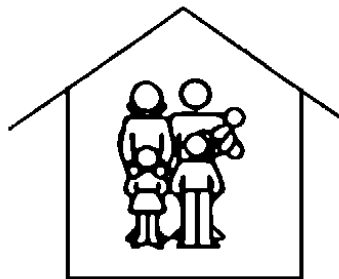


**Ron Wood Family Resource Center
Supervised Visitation Services
Supervised Visitation and Neutral Exchanges
Information Packet**



Ron Wood Family Resource Center
2621 Northgate Ln, Su 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 the Ron Wood 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. **FEES 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 mornings, Wednesdays, and Thursday mornings. Nights and weekends are being considered, but not available at this time. Administrative hours are from 9:00 to 5:00 Monday through Friday.

PLEASE COMPLETE THE FOLLOWING

- 1. Read the enclosed information about the supervised visitation program thoroughly and bring this information with you to the Intake session.**
- 2. Complete the Intake Form completely and return it to the Ron Wood Center within 5 days.**
- 3. Call the Ron Wood Center TODAY at 884-2269 to schedule an intake session if you have not done so already.**

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.

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
Supervised Visits (per hour)	\$45, 50, 55
with domestic violence allegations	
Additional children (per child)	\$5
Telephone/Web cam	\$35, 40, 45
Supervised Exchange	\$15

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 party 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 falling in the very low, low, and moderate scales.

WHY ARE VISITS IMPORTANT?

- ❖ The child is able to maintain a relationship with the non-custodial parent.
- ❖ The child sees that the non-custodial parent still loves him/her and wants to visit with the child.
- ❖ The visits allow a connection to remain between the non-custodial parent and the child so that the child does not feel abandoned.
- ❖ The visits allow the child to see the visiting parent is all right, so that the child does not worry about the non-custodial parent's well being.
- ❖ The visits allow the child to slowly come to terms with the separation or divorce of his/her parents, which can help in the healing process.

HELPFUL HINTS TO PREPARE THE CHILD FOR VISITATION

☺ It is important that the child understands that he/she has done nothing wrong and that it is not his/her fault that the supervised visitation must occur.

☺ Assist the child in becoming acquainted with the surroundings at the 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.

☺ Try to 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.

☺ Depending on the age of the child, it may be useful to 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.

POLICIES FOR SUPERVISED VISITATION AND EXCHANGE SERVICES

Preparing The Child For Visitation or Exchanges

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 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 and attend an intake. Residential parties 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

Arrival:

The **Non-custodial Party** will arrive 10 minutes prior to the scheduled visit/exchange 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/exchange time to drop off the child(ren).

Departure:

The **Custodial Party** will arrive 10 minutes prior to the scheduled visit/exchange 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 10 minutes after the scheduled end of the visit/exchange 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 must be turned OFF during the 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 service of court documents.
- Negative comments** regarding the child(ren), the child(ren) placement, any agency's involvement, the monitor, or any other care giver **will not be tolerated** and may result in termination of the visit.
- You may not pass correspondence or messages to the other parent (such as regarding legal matters) through child/children or monitor.
- Sharing of detailed 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 may 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; it must be returned to its original condition prior to the end of the visit. Clean up is to begin five 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 will result in reporting to court or 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 9:00 am to 5:00 pm Monday through Friday. You may e-mail the monitor at lisa@carson-family.org or the Center's 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, 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. Multiple cancellations may jeopardize the capability to continue to use the supervised visitation program. A reason for cancellation is required. Make up visitation will be scheduled as soon as the Center's 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 WEB CAM/SPEAKERPHONE

The Center has wireless capability. You are responsible for providing all other equipment for web based contact. The Center will provide speakerphone.

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 to be 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 will be read by staff. All bags will 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 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

If any of the following rules are violated, the local law enforcement agency will be summoned and the referring agency and/or court will be notified.

_____ I understand and agree if I arrive at the Family Visitation Center and 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 anything I say in visitation may be released in a report to either party for court purposes.

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

I, _____, am entering into this supervised visitation contract with the Ron Wood Family Resource Center.

_____ 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 FOR AT LEAST 48 HOURS IN ADVANCE. I UNDERSTAND FEES FOR EITHER 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 HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL THE POLICIES AND HOUSE RULES OF THE RON WOOD FAMILY RESOURCE CENTER.

Signature Date

Staff Member Date

Date: _____

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: _____

Social Security # _____

Spouse Significant Other/Partner Name: _____

Spouse/significant other/partner Social Security #: _____

Date of Birth: _____

DEMOGRAPHIC INFORMATION:

Marital Status Single Married Divorced Widow(er) Separated

Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic

Native American Other (please specify)

Education Completed: _____

Gross Annual Household Income: \$ _____

Number of people living in your home: _____

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: _____ **Gender:** Female Male
Social Security Number: _____ **Date of Birth:** _____
Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify)

CHILD #2

Name: _____ **Gender:** Female Male
Social Security Number: _____ **Date of Birth:** _____
Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify)

CHILD #3

Name: _____ **Gender:** Female Male
Social Security Number: _____ **Date of Birth:** _____
Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify)

If needed, list additional children involved in supervised visitation or neutral exchanges on the back of this page.

Please list the names of other children living in the home that will not be involved in supervised visitation or neutral exchanges on the back of this form:

Please list additional adults Living in the Home: (Besides yourself and spouse/significant other)

ADULT #1

Name: _____ **Gender:** Female Male
Social Security Number: _____ **Date of Birth:** _____
Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify)
Relationship to child(ren) involved in supervised visitation or exchanges. Mother Father
 Stepmother Stepfather Grandparent Other relative Non-relative

ADULT #2

Name: _____ **Gender:** Female Male
Social Security Number: _____ **Date of Birth:** _____
Race or Ethnic Group: African American Asian Bi-racial Caucasian Hispanic
 Native American Other (please specify)
Relationship to child(ren) involved in supervised visitation or exchanges. Mother Father
 Stepmother Stepfather Grandparent Other relative Non-relative

If needed, list additional adults living in the home on the back of this page.

SCHEDULING AND VISITATION/EXCHANGE INFORMATION:

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:

Explain past visitation or exchange arrangements:

Date you last visited with child(ren): _____ I have had no or very little contact with child(ren).

Month/Year

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Attorney's Name: _____

Address: _____
Street City State Zip

Telephone: _____ **Fax:** _____

Do you know your next Court Hearing date? Yes No **If yes, give date:** _____

In what County is your hearing being held? _____

Is there a CASA (Court Appointed Special Advocate) involved with your case? Yes No

Name: _____ **County:** _____

Phone Number: _____

Is there a Guardian Ad Litem (GAL) involved with your case? Yes No

Name: _____

Phone Number: _____

Additional person authorized to transport child(ren) (for custodial parents and exchanges only). *(This party must attend an orientation and complete forms.)*

Name: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Number: _____

Relationship to child(ren) involved with supervised visits or exchanges: _____

Why are supervised visits/exchanges required? _____

HEALTH INFORMATION

Do you/child have any health-related illnesses/conditions/disabilities? Yes No

Person's Name	Diagnosis	Limitations
_____	_____	_____
_____	_____	_____

List all medications you/the child takes:

Person's Name	Medication	Strength	Dose
_____	_____	_____	_____
_____	_____	_____	_____

List all allergies

Person's Name	Diagnosis	Limitations
_____	_____	_____
_____	_____	_____

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:** _____

Has the CHILD(REN) witnessed or experienced family violence (hitting, pushing, screaming, yelling, verbal fights, etc.)? Yes No

If yes, describe: _____

JAIL AND PRISON INFORMATION

Are you on... probation or parole? If yes, for how long? PO Officer: _____

Have either party served any time in jail or prison? Yes No **If yes, Who?** _____

Describe what the offense was, the amount of time served and where it was served:

Offense Dates/Time Served Where Served

If needed please list additional jail/prison information back of this page.

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

- ☺ *Sign the form where indicated below*
- ☺ *Contact the Visitation Center at 775-884-2269 for an Intake appointment.*
- ☺ *Return the Intake forms (pages 12-16)and pay for your session at least 48 hours prior to your scheduled appointment*
- ☺ *Bring this packet, along with all the items listed on page 1 of this packet, to your Intake appointment.*

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: _____

FOR OFFICE USE ONLY

Intake form received by: _____
Staff Initials *Date*

Intake form reviewed by: _____
Staff Initials *Date*