REFERRAL INFORMATION ERMA'S HOUSE

(TO BE COMPLETED BY THE *REFERRAL SOURCE* - *NOT THE CLIENT*)

DATE: _____ CONTACT PERSON: _____

REFERRAL FROM: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

IDENTIFYING INFORMATION

RESIDENTIAL PARENT/PARTY	***NON-RESIDENTIAL PARENT/PARTY***
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE: _____	PHONE: _____
RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____

CHILD(REN) *PLEASE LIST NAME AND AGES OF THOSE WHO WILL BE INVOLVED IN PARENTING TIME*

CHILD: _____	CHILD: _____
AGE: _____	AGE: _____
CHILD: _____	CHILD: _____
AGE: _____	AGE: _____

REASON FOR SUPERVISION OF PARENTING TIME/EXCHANGES: _____

_____

_____

SERVICES REQUESTED:

_____ Supervised Parenting Time/Visitation
_____ Supervised Exchanges
- See 2nd page

Length of Parenting Time:

_____ 60 Minutes
_____ 90 Minutes
_____ 120 Minutes

Recommendation as to **FREQUENCY** of Supervised Parenting Time:

_____ 1 x per week
_____ 1 x every other week
_____ Other: _____

Recommendation as to **LEVEL** of Supervision: ***CHECK ONE:***

_____ Level 1 - Monitor in room with family at all times.
_____ Level 2 - Monitor outside/nearby room checking in every 10 minutes.
_____ Level 3 - Monitor outside/nearby room checking in every 30 minutes.

SPECIAL NEEDS OF THE CHILDREN: _____

_____

Is there a **PROTECTION ORDERS** in place? _____ **NO** OR _____ **YES** *if yes, please specify:*_____

_____

_____

Special **PROBLEMS** to watch for: (*include behavior, medical, attitudinal, etc. of any family member)*

_____

_____

Supervised Exchanges Only

SPECIFICATIONS for Drop-Off/Pick-Up (*i.e. days & times)* _____

_____

_____

Is there a GAL or CASA involved? *Please provide the name, address and phone number.*

_____

_____

_____

Is there an open case with Children's Services? *Please provide the name, address and phone number of the caseworker.*

_____

_____

_____

Frequency of reports: _____

ADDITIONAL INFORMATION: _____

_____

_____

Please fax this form to (937) 586-9505 or email it to: ermas@cssmv.org

6/2024