

Cari Foote, MA, LPC, LMFT & Associates, PLLC
KIDZ SAFE SUPERVISED VISITATION

www.professionalcounseling.us

606 Avenue J
Marble Falls, TX 78654

O: 830-693-0530
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Intake Agenda and Checklist

We provide a neutral, stress free, safe and child-friendly environment for children to be able to initiate, to reunite in, or to continue a relationship with non-custodial parents.

1. Please fax or email the following items for the Intake Meeting:

- All Intake Forms in this packet
- Copy of Photo ID of yourself and anyone you would like to be able to pick-up or drop off your children
- Court Order, Stipulations, or Legal documents which pertains to Visitation, time sharing or exchanges, you are welcome to email or fax these documents as well
- Recent individual photos of your children who will participate in the visitation
- Your attorney's contact information
- Any additional information you believe would be helpful to KIDZ SAFE staff in order to provide safe and effective visitation

2. Review Case History and needs with parents: this includes discussion of why services are needed, what services we can provide and the family dynamics that are important for us to know.

3. Review forms and policies: KIDZ SAFE staff will review each form explaining and elaborating on the meaning that needs to be signed and completed by the parent. Please have your forms completed when you arrive to expedite the process.

Forms: Intake Packet, Release of Information, Fee Agreement, Child Information Papers, Court Papers, Emergency Procedures, Child Health and Allergies, Personal History and Policies and Procedures

4. Establish a time-sharing plan: A plan for the first appointment is discussed and scheduled that includes the date and time for the visitation, persons permitted at the visit and any possible activities planned at the visit

5. Your child is welcome to attend a separate meeting to become introduced to the location and staff where they will participate in visitation. The intake meeting is not appropriate for your children to participate in. **If a family member would like to bring them at the end of the meeting for the last 5 -10 minutes that is also an option.**

KIDZ SAFE Intake Application
Supervised Visitation and Exchange

Pg. #1

Case Name: _____

Name: _____ DOB _____ SSN _____

I am the: ___ Custodial Parent ___ Visiting Parent

I am the: ___ Father ___ Mother ___ Family Member ___ Guardian

Phone: _____ Cell _____ Home _____ Work _____

The best number to reach me at? ___ Cell ___ Home ___ Work

Cell Number _____ Leave a message ___ Yes ___ No

Home Number _____ Leave a message ___ Yes ___ No

Work Number _____ Leave a message ___ Yes ___ No

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Email Address: _____

Employer: _____ Job: _____

Work address: _____

City _____ State _____ Zip _____

Work schedule and hours:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Supervised Visitation and Exchange

Pg. #2

Name of other part(ies) involved: _____

Do you have contact with this person: Yes No

Indicate statue of your relationship with your children's guardian or visiting parent:

Divorce Separated Never Married Married No Relationship Guardian

Date of Marriage: _____ Date of Separation: _____

Date filed for Divorce _____ Date of Divorce _____

Is there a Step-Parent or Significant other living in the house? Yes No

Name of Step-Parent of Significant other: _____

Address (if not in same household) _____

City _____ State _____ Zip _____

Employer _____

Work Number _____ Leave a message Yes No

Cell Number _____ Leave a message Yes No

Are there Step-Siblings living in the household? Yes No

Name	Gender	DOB	Age
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LEGAL INFORMATION

KIDZ SAFE

1. Estimate how many times you have been to Court concerning visitation disagreements:

2. Is there a protective order preventing you and the other party from having direct contact with each other? ___ Yes ___ No **Please supply a copy.**

3. How many times have the police been contacted to enforce the restraining order? _____

4. Have you and/ or the other party ever been convicted of a felony or misdemeanor?

Me: ___ Yes ___ No

Other Party: ___ Yes ___ No

Describe

5. Is there any history of abuse by the other party toward you? ___ Yes ___ No

Type of Abuse:

Physical (slapping, kicking, burning, destroying and/or throwing objects) ___ Yes ___ No

Sexual (raping, forcing, threatening sex, sex in the presence of others) ___ Yes ___ No

Emotional (humiliating, how often does this happen and describe

6. Have there ever been charges filed against you or the other party for physical abuse?

Me: ___ Yes ___ No **Other Party:** ___ Yes ___ No

7. Do you or the other party own any weapons?

Me: ___ Yes ___ No **Other Party:** ___ Yes ___ No

Have the weapons ever been used or threatened to be used in a dispute? ___ Yes ___ No

Describe:

8. Have you or the other party assaulted or made threats to police, therapist, CPS or court official?

Me: ___ Yes ___ No

Other Party: ___ Yes ___ No

Describe:

Have the children witnessed the abuse? Yes No

Which child and what did they see or experience?

Have your children intervened? Yes No

Describe:

9. Have your children been abused (hit, hurt, or threatened)? Yes No

What type of Abuse did they experience? Physical Sexual Emotional

Describe which child experienced what type of abuse:

10. Have you ever been involved with Child Protective Services (CPS)? Yes No

Describe:

MEDICAL INFORMATION FORM

KIDZ SAFE

This form is to complete when children need medication or have a special dietary requirement that might arise during visitation. **Please complete a separate form for each child.**

Child's Name _____ DOB _____

_____ This child has no Known Medical or Special Dietary Needs.

Medical Information

___ Asthma ___ Peanut/Nut Allergy ___ Breathing Problems ___ Blood clotting problems

___ Fainting ___ Allergic to Dogs ___ Wetting Pants ___ Vomiting

___ Stomach Upset ___ Anxiety/Panic ___ Nose Bleeds ___ Contagious Disorder

___ Diabetic ___ Mrsa Infection ___ Bee / Wasp Stings ___ Separation / Fears

___ Other: _____

Condition: _____

Medication or Treatment: _____ Medication or Treatment: _____

Medication Name _____ Medication Name _____

Medication Name _____ Dosages: _____

Frequency and Time to administer: _____

Please write additional medications on separate sheet

Food Allergies and Special Dietary Needs

Food Allergies _____

Treatment of the Allergies _____

Additional Information _____

You (Custodial Parent) are required to bring any EPI pen or other antidotes to visitation sessions and leave it with us for the duration of the visit for the safety of your child. Forgetting the EPI pen or antidote will result in cancelling the visit and the fee will be charged in full to the Custodial parent.

Weather permitting we may have supervised visits outside, please provide, hat, sunscreen, bug repellent if you wish them used during the visit

Pediatrician's Name _____ Phone _____

___ I authorize KIDZ SAFE to call for emergency medical care for any child since we cannot transport and attempt to notify me at the following number _____ as soon as possible.

During Supervised Visits bottle-fed children will be provided at least one prepared bottle for the visit by the Custodial parent.

Parents
Name _____ Signature _____ Date _____

ADDITIONAL INFORMATION & AGREEMENT

KIDZ SAFE

Health Information

1. Do you personally have any medical conditions that KIDZ SAFE staffs should be aware of? Yes No
Describe _____
2. Do your children have any medical conditions/needs the KIDZ SAFE should know about? Yes No
Describe _____
Is your child also seeing a therapist/counselor or prescriber? Yes No
RX Yes No Type: _____ Allergies: Yes No
3. Substance Abuse History by either party:
History of drinking alcoholic beverages
By you: Yes No **By the other party** Yes No I don't know
History of non-prescription street drugs:
By you: Yes No **By the other party** Yes No I don't know
Drug of choice and quantity: _____
History of prescription drugs:
By you: Yes No **By the other party** Yes No I don't know
RX _____
Do you believe that there is a problem currently with drugs or alcohol?
By you: Yes No **By the other party** Yes No I don't know
Behaviors experienced or observed while under the influence: _____

Treatment History _____ Sobriety _____
4. Mental Health History/Condition: _____
5. Other Condition or impairment: _____

Custody and Visitation Arrangement

1. Who presently has legal custody of the children?
 Guardian Father Mother Joint CPS not determined at this time
2. Who presently has physical custody of the children?
 Guardian Father Mother Joint CPS not determined at this time
If there are different arrangements for each child please give specifics:

3. Until today what arrangement were in place between you and the other party for contact/visitation with the children? _____
4. How frequent have the visits been with the children? _____
5. How long have the visits lasted? _____
6. Where have the visits taken place? _____
7. The decision for visitation arrangements was made by or with assistance from:
 Counselor or Mediator You and your ex-spouse/partner Attorney's Judge/Court

8. When was the date of the last contact between the visiting parent and the children? _____
_____ Whom was present? _____

9. What is the understanding of the reason why you were referred to KIDZ SAFE? (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Domestic violence Allegations or History of violence | <input type="checkbox"/> Substance Abuse History |
| <input type="checkbox"/> Children witnessed abuse | <input type="checkbox"/> Mental Health History or Instability |
| <input type="checkbox"/> Child Abuse allegations | <input type="checkbox"/> Neglectful or Threatening |
| <input type="checkbox"/> Sexual Abuse allegation | <input type="checkbox"/> Inconsistent or Unreliable |
| <input type="checkbox"/> Lack or Access/ Alienation of the children | <input type="checkbox"/> Poor Parenting Skills |
| <input type="checkbox"/> Abduction Risk (threatened or attempted) | <input type="checkbox"/> Other |

10. Have you informed your children of the court order and why you are coming to KIDZ SAFE? Yes No

11. What do you anticipate your children's response to coming to KIDZ SAFE? (happy, sad, scared, angry, shy)
_____ explain _____

12. What can we do to make this a good experience for them? _____

13. We currently only have English speaking staff. If you have another language need you will need to provide an interpreter at your own cost.

Will you provide an interpreter? Yes No

14. The visit room is not handicapped accessible, will that be an issue for you? Yes No

15. The custodial parent entrance is not handicapped accessible if this applies to you, will this be an issue? Yes No

16. We ask that all weapons are left at home, do you agree? Yes No

17. We ask that no gum is in use during the visit, and there are no smoke breaks? Yes No

18. I am agreeing to supervised visitation and all of the rules and policies. Yes No

19. I agree to use KIDZ SAFE for supervised visitation. Yes No

20. I have the following concerns: _____

I agree to participate in supervised visitation which includes following policies and rules to create a safe environment for parent – child interaction. I will follow these rules and if I am not certain of a rule I will seek clarification before acting upon it. I recognize that all interactions are written down and reported to the Court, these are observation of my behavior without judgment or prejudice.

I certify that the information given above is true and complete and I understand that misrepresentation and / or withholding of information will result in the rejection of this application or my dismissal as a client if discovered after service begins. I understand the court will be notified of this dismissal and that this may affect the visitation or custody of my children.

I understand that KIDZ SAFE can make no promises or guarantees relating to visitation or court matters, my client status may be suspended any time that I or any part of my family/friends become unsafe for the facilities and/or staff of KIDZ SAFE. I understand that any termination as a client will be documented and that this documentation may be presented to the court.

Printed Name

Signature

Date

Staff Signature

Date

KIDZ SAFE

VISITING PARENT AGREEMENT FORM

I _____ understand and agree to comply with the following guidelines while visiting with child (ren) under KS control

1. I agree to call the Monitor (KS) at least 48 hours before a visit if I cannot attend. I understand that lack of such notice will require me to pay the full visitation.
2. I agree not to speak negatively about the child(ren)'s custodial or foster parent in front of the child(ren)
3. I agree not to address adult issues, such as court proceedings, with child(ren) or to make promises to the child(ren) about future living arrangements or unsupervised visits
4. I agree not to question the child(ren) about their custodial parents or foster parents whereabouts or activities
5. I agree not to use drugs or alcohol at least 24 hours before visiting the child (ren). I understand that the visit will be cancelled if I am suspected of using these substances. I further agree that KS has sole discretion regarding termination of visit for any reason and must retain care and custody of my child(ren) until the child(ren) is returned to the custodial or foster parent
6. I agree to arrive at the visitation site at the specified time of arrival for scheduled visits and leave when the visit has ended
7. I agree to not to bring anyone else to the visit and to direct anyone driving me to the visit to leave the property
8. I agree not to use physical punishment or profanity with the child(ren) during the visit
9. I agree not to bring any weapons or articles that may be used as weapons to visit
10. I agree not to send any correspondence, messages or any other material to the custodial or foster parents by means of the child(ren) or to give any personal written messages intended for the child(ren)
11. I further understand that breaking this agreement may lead to the termination of visits under the auspices of KS staff
12. I agree that my visitation file is not confidential and the court, CPS, my attorney, my child(ren) attorney or the Guardian ad Litem, if one has been appointed, shall have full access to the file, and the on-going- visit notes and I am responsible to pay all fees for sending these notes to these professionals
13. I agree not to attempt to hide my conversation with my child (ren) by whispering or in any other manner. All conversation must be audible to the Monitor and in English
14. I understand that I am responsible for my child(ren)'s behavior during a visit If I cannot control my child the Monitor has the authority to terminate the visit
15. I agree not to take photos or videotapes of my child(ren) during a visit unless there has been pre-arrangement with KS and the other parent
16. I understand that KS may terminated its involvement in my case for any reason, including failure to strictly adhere to the visit schedule, excepting medical necessity for which I will produce certification. I know that the Court will be notified if this happens

Visiting Parent Printed Name

Signature

Date

Fees and Fee Agreement

KIDZ SAFE

Program Fees

Intake	\$100
Supervised Visitation	
1 – 2 Children	\$ 50
3 – 4 Children	\$ 60
Therapeutic Visitation	\$ 100
Notes	\$ 10 per request
Reports	\$ 50 an hour to prepare
No Show	Entire cost of Service/Visit
Less than 48 hours Cancellation	Entire cost of Service/Visit
Monitored Exchange – per exchange	\$ 45
Late Fee	5 minutes or less \$ 10
	6 – 10 minutes \$ 18
	11 – 16 minutes \$ 25

More than 17 minutes late \$ 35, with no further visits scheduled until the case is referred back to court. The fees above are based on communication that is EMAIL; phone communications are charged at the full fee and not the discounted email fee. You will need to add a \$10 per visit for phone based communications if you choose to not use the email communications

Payment Responsibility

Court ordered families are assigned payment responsibility by the court. Other referring agencies may indicate in writing who will be responsible for payment. If the referring agency does not indicate who will be responsible for payment, the KIDZ SAFE will assign financial responsibility. Service will not be provided until a fee agreement is signed by both parties and the initial payment is received.

Cancellations

All cancellations must be made at least 48 hours in advance of a scheduled appointment or visitation. Parents are not charged if proper notice is given this is expected during business or supervision hours. The party who cancels outside of the time frame will be charged the full visitation fee, regardless of which parent is responsible for visitation costs.

No Show

A party who fails to arrive for an appointment and has not notified the Center will be charged the entire amount of the service. Rescheduling of visits will depend on the Center's availability and cannot be guaranteed. Two cancellations without notification will result in termination of services and notice will be sent to the referring agency. Services may be suspended or terminated due to non-payment.

Court Testimony

A retainer fee of \$1000 is required in advance to the party issuing the subpoena, with an additional \$200 per hour fee for preparation, with a minimum of two hours preparation for court. It is understood that no further information is generally available or useful outside of the Observation Monitoring Sheets which are prepared and submitted to the Court, creating no need for court testimony since KID SAFE make neither recommendations nor interpretations of the visit.

All fees will be paid by cash, cashier's check, money order or Visa/MasterCard. Payments are paid in advance of the next visit. Payment for the next visit is made at the time of the current visitation/exchange. Any charge cards being used will need to be in your possession and a separate form filled out for on-going use for the card for regular billing.

Payment for Visits

All fees are required one week in advance of the visit. We believe this is thoughtful to the children and the other parent in scheduling. It also provides both parents the advance planning necessary to save the money and also to plan the visit. I am showing my commitment to visiting with my children by consistently paying for my visits in advance to regularly and routinely have contact with them.

My Financial Obligation

I agree to make all payments for all services rendered and all services I default on by being late to visitation, late cancellation, no shows, penalty fees or requests for documents. I am liable for all additional court costs, attorney fees and interest charged at the rate of 35% annually for balances due to KIDZ SAFE for these services. I will be terminated from service for non-payment and I will only be able to resume visits once I am paid in full. This also may necessitate a larger payment for future visits on my part paying for 2 or more visits instead of one in advance.

My signature indicates I understand the fees on these pages and agree to pay them.

I may withdraw from services with KIDZ SAFE at any point by giving written notice that I no longer wish to participate in supervised visitation and am formally cancelling my visits and withdrawing from their services. Until I do this I am obligated for all services I have arranged and agreed upon.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

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CONSENT FOR RELEASE/EXCHANGE OF CLIENT INFORMATION

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Name of Other Parent or Guardian: _____

I hereby authorize the following agencies or persons to release to each other and to exchange information from any client records:

____ County District Court, Court that ordered Visitation/exchange, Child Support Court, etc.

____ Client Attorney(s) _____

____ Other Attorney(s) _____

____ EMT/Hospital/ Medical in Emergency _____

____ Mediator _____

____ Other _____

This information shall include:

KIDZ SAFE Visitation and Exchange Center Intake Form

KIDZ SAFE Visitation and Exchange Center Summaries of Service

KIDZ SAFE Visitation and Exchange Center Visit/Exchange observation notes

KIDZ SAFE Visitation and Exchange Center account information

KIDZ SAFE Visitation and Exchange Center Reports and notifications

I understand that I am participating in a process that will be enhanced when information is shared freely between the parties listed above in my case. I understand the contents to be released/exchanged, the need for the information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that this is not a medical record and is not protected by HIPAA. I hereby acknowledge that this consent is truly voluntary and is valid until such request is terminated in writing to KIDZ SAFE. I further acknowledge that I may revoke this consent at any time and this revocation will result in notification of the parties involved in this case being informed of the revocation. This consent shall expire on the date shown below. I acknowledge that a copy is as valid as the original copy. Valid from _____ to _____.

Parent's Name- Print _____

Parent Signature _____

GENERAL PROGRAM POLICIES AND PROCEDURES

KIDZ SAFE (KS)

1. Visitation supervision services do not constitute therapy, counseling or any other professionally licensed activity. For this reason, any records generated by KS staff arising from visitation supervision are not confidential under the law. I hereby release KS staff to make copies of any and all of these records for the other parent, his or her attorney, the courts, CPS or other representative.
2. KS staff members are mandatory reporters of suspected abuse, and serious threats to do harm against others, if we are concerned we will make a report, we are not investigators however, we are observers and will report what we observed and let the investigators do their work. KS works with all clients including sexual abuse case referrals.
3. KS cannot begin or continue a supervised visit if either party knows or has outstanding arrest warrants against them until it has been determined it is safe to begin or continue visits.
4. It is the policy of KS that there will be no contact between the custodial and visiting parents while on, or within, walking distance of KS property before, during, or after a visit. Always use the parking area and follow the requirements for the visit arriving and departing on schedule.
5. KS staff shall not act as a go-between on any adult matters that are pertinent to their KS role. KS will only transfer the following child related information: health information, medicine and favorite toy/food.
6. Scheduled visitations or exchanges at KS may not be used by either party as an opportunity to serve legal papers.
7. Visitation staff and parents will not talk about any aspect of the case/situation in front of the child
8. All clients are self-pay; payment for service will be paid directly to KS in the form of cash, money order, cashier's check or credit card a minimum of 7day before the visit.
9. All scheduling must be completed by 5:00 PM the week prior for visitation planned for the following week (Exception for Holiday closures). For weekend visitation it is required that Saturday and Sunday visits are arranged no later than Friday the week prior, with payment made a week in advance. It is the responsibility of the parents to contact Supervised Visitation to arrange a visit.
10. We have a no-tolerance policy to lice and their nits in hair. Visitation Staff reserve the right to check a child's hair if they have reason to believe the child has lice. Visit will be immediately cancelled upon the discovery of lice and nits in a child's hair for the safety of other children and their family
11. In consideration of the visitation supervision services, parents agree to release KS, its employees, agents, officers and directors from any and all claims arising there from, excepting only those arising from intentional malfeasance. This release covers specifically, but is not limited to, claims arising from a visiting parent's departure with the minor child/children from agreed upon visiting site. KS staff cannot, and will not, attempt to physically prevent the visiting parent from leaving with the child/children. KS staff will call the police immediately if a threat of this nature occurs.

I agree that these items have been individually explained to me to my satisfaction and complete understanding

Signature

Date

POLICIES AND PROCEDURES

BEFORE THE VISIT

KIDZ SAFE

1. Punctuality is very important. Anyone tardy to visits or pickups will be charged accordingly by the minute. Tardiness is reported to the court, and repeated violations will result in termination of visits.
 - a. If the entry door is locked, do not try another entry. Staff will come at the appointed time to open the door and let you in for your visit, we are mindful of the safety and security of all here.
 - b. **The visiting parent must arrive 15 minutes before the scheduled visitation time and remain until the Supervising Monitor excuses you to leave.** A visiting parent who is late will have a fee imposed and/or the visit cancelled. **For exchange, whoever does not have the child arrive 15 minutes early.**
 - c. The Custodial parent is to arrive no earlier than 5 minutes before the scheduled visitation time.
 - d. If either parent is late these are the amounts that will be charged: 5 minutes or less \$10; 5 – 10 minutes \$18; 11 – 16 minutes \$25. More than 17 minutes late, no further visits are scheduled until the case is referred back to court
 - e. A parent is considered late when they arrive any time after a scheduled visit. When you are 15 minutes late the visit is cancelled. If the waiting parent wishes to complete the visit past the 15 minute cut-off then staff will accommodate to the end of the original scheduled time.
2. To cancel visit/exchanges contact the Visitation Supervisor at least 48 hours prior to visit. All cancellations by either party made with less than 48 hours notice will be billed at full price to the cancelling party
3. Approval from the Visitation Supervisor, Custodial Parent and Child must be given for immediate family members to have their own separate visit or they must be included on the Court papers authorizing the visit
4. Failure to meet the requirements of other programs ordered by the court may result in suspension of visits
5. Gum, use, Tobacco use and weapons are not permitted on the premises including the entire physical property. Anyone entering KS premises may be subject to a search of their person and parcels to ensure they are unarmed.
6. Peanuts: due to the frequency and danger of Peanut allergies NO peanuts or peanut products are allowed on KS property. If your child is allergic to peanuts please note this on your Health Form for your child. The EPI Pen must be brought to the visit EACH time and placed in the FIRST AID kit on the wall of the waiting room. Failure to bring the EPI Pen to the visit will automatically cancel the visit and the full charge will be incurred by the Custodial parent for the cancellation and another visit will be scheduled for that week to comply with the visit schedule. You may permanently leave an EPI pen at KS with your child's name on it in the kit or cupboard.

I agree that these items have been individually explained to me to my satisfaction and complete understanding

Signature

Date

POLICIES AND PROCEDURES

DURING THE VISIT

KIDZ SAFE

1. Cellular phone usage will not be allowed during the visit. Phones must be left in your vehicle or turned off and place them in the basket designated for them in the room along with your car keys
2. NO photos will be allowed during visitation. No audio and video taping will be allowed. KS staff will not take pictures for you during the visit. Only pictures of the children provided by the visiting parent are allowed to be brought to the visit. No pictures are allowed to go home with the child unless it is a photograph of only the child. If you wish to take photos, a request form must be submitted
3. Termination: KS Visitation Attendants/Supervisor has the authority to immediately terminate a visit/exchange in the event she/he believes it to be in the best interest of the child (ren) to do so. The decision is final, immediate, and non-negotiable; a report will be submitted to the court.
4. The Monitor/Supervisor will document observations of the visit but will not make any judgments regarding the quality of the interactions or about the effects of the contact between parent and child. It is the sole responsibility of the visiting parent to parent their child(ren) in all aspect of this role, including: diaper changing, toileting issues, discipline, feeding, reading, picking up toys, playing with them and interacting
5. You are responsible to interact appropriately with each child during the visit based on their age and level of functioning.
6. Staff member are not your friends, confident or helper, we are here to monitor and report on your behavior and interactions with your child (ren) while at KS. Do not solicit personal information from staff or attempt to engage in discussions with them before, during or after your visit. Your conversation and discussion will be recorded in the Observation Notes.
7. Animals: Please inform the staff of any animal allergies your child may have
8. Gifts: Must be approved two weeks prior to the visit by the Custodial Parent and KS program. The Gift Form must be completed and submitted to KS staff allowing for the two week time period for processing. Gifts are allowed to be given to the children on their birthday and celebrated holidays. You may ask the visitation staff for clarification on your specific case. An answer may not be immediately forthcoming depending up on court documents and the Custodial Parent input
9. A maximum of \$100 cash or cash card may be given per child in a visit
10. We do not transfer child support payments or provide other paperwork between parents

I agree that these items have been individually explained to me to my satisfaction and complete understanding

Signature

Date

POLICIES & PROCEDURES

AFTER THE VISIT

KIDZ SAFE

1. If there is a Restraining or Protective Order in effect and the visiting parent leaves before being excused, the court will be notified of their violation of the Restraining Order
2. Visiting Parents are responsible for restoring the visitation room to its original condition (pick up toys, clean off surfaces, wipe off table, pick up and throw away trash etc.) Financial costs for damage done to KS property due to a parent failing to properly supervise or parent their child will be the sole responsibility of that parent
3. All written reports, letters, and conversations with attorneys, therapists, or others in regards to this case and in excess of 15 minutes will be billed to that agency or to the related parent at a pro-rated rate of \$60 per hour
4. If either parent requests copies of visitation notes or request notes to be sent to other parties - they will be charged a fee. This fee must be paid in cash before the copies are made for them to take or sent to other
5. Billing: We do not engage in billing or providing you with a statement, you are paying for services in advance of obtaining them. We will provide you with a printed list of the fees you have paid for the visits and any additional charges you have accrued while working with KS
6. Following the visit you may schedule your next visit and make your payment for this visit before leaving. You may also make your payment online through PayPal. We do not have the ability to make change so please bring the exact amount for the visit and also any additional amount for notes, reports or conferences.
7. We are not providing therapy, counseling or parent training nor do we provide crisis counseling following a visit. If you have concerns about behavior or statements that have occurred in the session, you may request the notes and speak with your attorney and return to court. We take seriously any threats, grooming and exploitation of the children and will act promptly to protect them in sessions.
8. Lengthy and frequent phone calls or emails following a visitation will be billed at the conference fee rate and you may be referred to therapy, counseling, mediation or returned to court for additional assistance. We are not able to mediate difference between you and the other party
9. Our policy is to hold our communication with parents through emails - fees are at a reduced rate based upon email rather than phone calls. We only use text messaging for emergency issues. We do not communicate typically through our cell phones: Email allows us to share the same information with both parties and provides a document trail for any confusion or questions at a later date. **Care will be taken to keep parent email addresses confidential from the other parent.**

I agree that these items have been individually explained to me to my satisfaction and complete understanding

Signature

Date