

SDCR Referral Form

To: Gail Roberson's Counseling Center

Re: SDCR REFERRAL FOR SUPERVISED VISITATION

420 South Pearl Suite 2; Joplin, MO 64801

417 781 4552

gailscounseling@cablone.net

Referral Date: \_\_\_\_\_

Referring Children's Division Worker: \_\_\_\_\_ County \_\_\_\_\_

Units Requested per week: \_\_\_\_\_

(a unit is \*50 minutes of face to face with CD Worker, Foster Parent, Birth Parent and/or Child)

Date Services are to Begin: \_\_\_\_\_ \*Please attach CD Authorization for SDCR Service  
ie: (Supplementary Children's Services; Contract # SDA3999049; Vendor # 000669272)

List any concerns of which Supervisor should be aware during the visit:  
(ie: kidnapping risk; violence; weapons; dangerous animals; etc)

\_\_\_\_\_  
\_\_\_\_\_

Individuals expected to be present during the supervised visit and what is their relationship to the child(ren) being supervised? \*only the individuals listed will be permitted to be present during the visit  
(ie: Name and Phone Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Visit: \_\_\_\_\_

The nature of the supervised visit is to be:  
(Please indicate your choice by checking one of the following)

- Observation Only  
(Supervisor sits in background and does not interact in visit unless it is necessary in order to protect a child)  
(Detailed notes of session are made available to CD Worker following visit)
- Observation and Participation in the visit by addressing parenting skills as a part of the visit  
(Supervisor meets with parent before and following the visit to explain expectations for visit and to review the parent's parenting performance during the visit) \*This time can be taken from the 50 minute unit or one unit of ITSO can be added to give an hour of processing-time to the parent regarding the visit.  
(Detailed notes of session and parent's response to interventions during visit as well as any suggestions for follow-up are made available to CD Worker following visit)

Special instructions to the Supervisor regarding these visits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*GRCC Policy Regarding No-Show or Canceled Visits:*

*\*There is no charge for "no shows" or "cancelations".*

*\*Visits are counted as "no shows" or "cancelations" if client is more than 20 minutes late or cancels with less than a 24 hour notice to Supervisor prior to scheduled visit time.*

*\*Visits are terminated after two consecutive "no shows" or "cancelations" until there is a significant change in the parent's circumstances*