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| **Child & Family Services of Northwestern Michigan**  **Safe Haven: Supervised Visitation & Exchange Program**  *Referral Form* |

**REFERRAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referring County: | | | Grand Traverse  Otsego | Leelanau  Kalkaska | | | | Antrim  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | | | | | | |
| Date of Referral: |  | | | |  | Court Case #: | | |  | |  |
|  | | | | | | | | | | | |
| Referral Source: |  | | | |  | Contact Name: | | | |  |  |
|  | | | | | | | | | | | |
| Contact Number: | |  | | |  | Email: |  | | | |  |
|  | | | | | | | | | | | |
| Referral Source Wants Ongoing Updates | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Next Court Hearing (m/d/y): | | |  | Date of Next Mediation (m/d/y): | | |  |  |
|  | | | | | | | | |
| What type of order is this?  Criminal  Civil | | | | | | | | |
|  | | | | | | | | |
| The court order is:  Final Order  Temporary Order  Not Yet In Place | | | | | | | | |
|  | | | | | | | | |
| Has a Personal Protection Order been issued?  Yes  No  Unknown | | | | | | | | |
|  | | | | | | | | |
| Has a No Contact Order been issued?  Yes  No  Bond Condition  Probation  Unknown | | | | | | | | |
|  | | | | | | | | |
| Has an Abuse/Neglect Order been Issued?  Yes  No  Unknown | | | | | | | | |
|  | | | | | | | | |
| If so, when was it issued (m/d/y)? | |  | | | When does it expire (m/d/y)? | |  |  |
|  | | | | | | | | |
| Restrained Party: |  | | | | Protected Party: |  | |  |
|  | | | | | | | | |

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| **Type of Service Requested:**  Supervised Visitations  Safe Exchanges  Reunification | | | | Families with domestic violence, sexual assault and  stalking qualify for OVW Grant funds. | | |
| **All Others, Payment Responsibility:** | | |
| Referral Source  Shared Cost | | Non-Custodial  Custodial |
|  | | | | | | |
| Frequency of Visitation/Exchange: |  | | (times per week) | | | |
|  | | | | | | |
| Number of Hours per Supervised Visit: | |  | | | (hours per visit) | |
|  | | | | | | |
| Anticipated Length of Supervised Visitation/Exchange service will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_ months. | | | | | | |
|  | | | | | | |
| *\*All services are contingent upon availability.* | | | | | | |
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| **Safe Haven: Supervised Visitation & Exchange Program**  *Referral Form* |

**FAMILY INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Name of Parent #1:** | | | | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Custodial**   **Non-Custodial** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| DOB (m/d/y): | | | |  | | | | | | Male  Female | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child (ren):  Mother  Father  Other: | | | | | | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | City: | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| State: |  | | | | | Zip Code: | |  | | | County: | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | |  | | | | Cell Phone: | |  | | | | | Work Phone: | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Primary Language Spoken:  English  Spanish  Other: | | | | | | | | | | | | | | |  | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | |
| **Name of Parent #2:** | | | | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Custodial**   **Non-Custodial** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| DOB (m/d/y): | | | |  | | | | | | Male  Female | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child (ren):  Mother  Father  Other: | | | | | | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | City: | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| State: |  | | | | | Zip Code: | |  | | | County: | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | |  | | | | Cell Phone: | |  | | | | | Work Phone: | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Primary Language Spoken:  English  Spanish  Other: | | | | | | | | | | | | | | |  | | | | |  | |
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| --- | --- | --- | --- | --- |
| **Children:** | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
| Name: |  | DOB (m/d/y): |  |  |
|  | | | | |
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**CASE HISTORY**

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| Please check all that apply: | | |
| Domestic Violence  Child Sexual Abuse  Abduction Concerns  Mental Illness | Substance Abuse  Violation of Court Order  Emotional Abuse  Criminal Behavior | Physical Abuse to Child  Reunification  Stalking  Sexual Assault |
| Please explain any of the above checked case issues including other not listed: | | |
| Please explain why services have been ordered, recommended, or agreed upon: | | |
| Please indicate any special issues/concerns Safe Haven staff should be aware of: | | |

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| **In addition to completing the written referral, please attach the following documents:** | |
|  | * **Copy of Court Order** * **Copy of any Police Reports** * **Any additional helpful information** |

**For additional information, please contact:**

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| Autumn Sleder – Program Supervisor  Child & Family Services of Northwestern Michigan  3785 Veterans Drive  Traverse City, MI 49684  Phone: (231) 946-8975 ext. 1013  Fax: (231) 946-0451  Email: [asleder@CFS3L.org](mailto:asleder@CFS3L.org) |