

**SUPERVISED VISIT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Name:** | | **Case Number:** | | | **Service Date:** |
| **Start Time:** | **Stop Time:** | | **Location:** | | |
| **Service Provided:** | | | | **Code:** | |
| **Provider Transported:** | | | | | |
| **Participants in The Visit:** | | | | | |

**Summary of The Visit**

**Did the Parent/Parent’s supply the needs from the needs list?**

**Did the Parent/Parent’s comply with the visitation rules?**

**Did the Provider talk to foster parent’s before and after the visit?**

**Did the foster parent discuss any concerns about the visits with the provider?**

**Did the provider have any safety concerns?**

**Additional Information:**

**{ }** Safety Concerns { } No Safety Concerns { } Home { } DHHR

**LOCATION:**

**OBSERVATIONS:**

{ } Abuse or Neglect { } No Abuse or Neglect { } Court { } Other

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mileage** | | | | **Agency Transportation (client in car)** | | | | **Intervention Travel Time (1hr)** | | | |
| Code: 130107 | | Total Miles: | | Code: 130105 | |  | | Code: 130105 | | 130265 | |
| Code:130107 | | Total Miles: | | Total Units: | |  | | Total Units: | |  | |
| From: |  | To: |  | Start Time |  | Stop Time |  | Start Time |  | Stop Time |  |
| From: |  | To: |  | Start Time |  | Stop Time |  | Start Time |  | Stop Time |  |
| From: |  | To: |  | From: |  | To: |  | From: |  | To: |  |
| From: |  | To: |  | From: |  | To: |  | From: |  | To: |  |

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Signature