

## ASSISTED VISITS SCHEME FOR SECURE CHILDREN'S HOMES.

If you are related to a child serving a Detention and Training Order/Section 90/91 Sentences, the Youth Justice Board may be able to help you with the cost of visiting them. For advice on what you are authorised to claim, please refer to the guidance forms (AVS1) before sending the claim.

Before you send in this form please ensure that you have booked your visit with the Secure Children's Home where the young person is placed.

### PART ONE – PERSONAL DETAILS

1. Full name of the child visited

2. Name of the Secure Children's Home

3. Your full name

4. Your address (including post code)

5. Your telephone number (including code)

6. How are you related to the child you are visiting? (Please circle)

Mother	Guardian	Grandfather
Father	Sister (16 or over)	Aunt
Step mother	Brother (16 or over)	Uncle
Step father	Grandmother	

**We can help to pay for up to two adult visitors. Please give details below of any other adult visitor you wish to make a claim for.**

7. Their full name

8. Their address (including post code)

9. How are they related to the child you are visiting?

**We will also pay for brothers and sisters under the age of 16 to travel with you.**

10. Please give the full names and ages of any brothers and sisters under the age of 16 who will be travelling with you (Max.3).

Name	Age	The relationship to the child visited

**If you need someone to travel with you (for instance because you are ill or disabled) we may be able to pay for an escort who is not related to the child you are visiting. A Doctor's note will need to be provided.**

11. Do you need someone to travel with you? (Please circle)    yes    no

12. If **yes** please say why

13. Your escort's full name

14. Escort's age

15. Escort's address (Including Post Code)

## PART TWO – DETAILS OF VISIT MADE

1.      What date did you visit?

2.      What time did you leave home?

3.      What time did you arrive back  
         at home?

4. How did you travel to the establishment? (Receipts must be provided for train and bus travel) (Please circle).

Bus

Train

Car

Other.....  
(Explain)

**N.B.** Taxi fees will only be paid for those with a medical condition; a Doctor's note will be required.

### **PART THREE – PAYMENT**

So that we can pay any monies due, please advise to whom you would like a cheque made payable to:

Please make the cheque payable to:

### **PART FOUR – OTHER INFORMATION AND DECLARATION**

Please tell us anything else you think we need to know about your visit:

#### **Declaration (You must sign this section)**

**I declare that the information I have given on this form is to the best of my knowledge, true. I understand that I may be prosecuted if I make a false declaration on this form.**

**Signed**

**Date**

***Claim number..... (For YOT use only)***