



Asante Visitation Center, 1255 E. Highland Ave. Suite 107, San Bernardino CA 92404  
**Supervised Visits Intake Form**

Court Ordered: Yes    No			Today's Date:		
Case Name/Mother's Name:			DOB:		M    F
SS#:	Ethnicity:	Primary Language:		Tel.#:	
Address:		City:		CA	Zip:
Referring Agency: DCS    Family Law    Juvenile Court    Individual    Other: _____					
Name of Agency:					
Address:		City:		CA	Zip:
Name of Contact Person:					
Tel.#:		Fax#:		Email address:	

<b>TYPE OF VISIT</b>
Phone monitoring    Pick-up/Drop off exchange    Semi monitored visit    Supervised visit    other

<b>WHO IS RESPONSIBLE FOR PAYMENT?</b>				
DCS    Family Law    Juvenile Court    Individual    Other    Grant				
Payment Method:    Invoice/PO    Cash    Check    Money Order    Grant    Other				
Person/Agency Responsible for Payment:	DOB:			
SS#/Contract Agency Tax ID#:	ID#:			
Address:		City:	CA	Zip:
Name of Contact Person:				
Tel.#:		Fax#:		Email address:

<b>CUSTODIAL PARENT/PRIMARY CARETAKER INFORMATION</b>					
Custodial Parent/Primary Caretaker's Name:			DOB:		
Address:		City:		CA	Zip:
Phone #:		SS#:		ID#:	
Ethnicity:		Marital Status:		Primary Language:	
ID Copy on File: Yes    No					

<b>NON CUSTODIAL PARENT/SECONDARY CARETAKER INFORMATION</b>					
Non Custodial Parent/Secondary Caretaker's Name:			DOB:		
Address:		City:		CA	Zip:
Phone #:		SS#:		ID#:	
Ethnicity:		Marital Status:		Primary Language:	
ID Copy on File: Yes    No					



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**Supervised Visits Intake Form**

**APPROVED VISITATION PARTICIPANTS (Provide copies of protective order, current order or Judicial Council form related to a supervised visitation order)**

Name of Participant	DOB	Gender	Relationship to Mother/Case Name
1		M F	
2		M F	
3		M F	
4		M F	
5		M F	

**PERSONS Not ALLOWED TO VISIT WITH CHILDREN (Provide copies of protective order, current order or Judicial Council form related to a supervised visitation order)**

Name of Participant	DOB	Gender	Relationship to Mother/Case Name
1		M F	
2		M F	
3		M F	

**EMERGENCY CONTACT**

Name	Phone Number	Relationship to Mother/Case Name
1		
2		
3		

**DESCRIBE AND PROVIDE INFORMATION ABOUT CHILD(REN)'S CHRONIC HEALTH CONDITION OR HEALTH NEEDS**



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**REASONS FOR REQUIRING A SUPERVISED VISIT**

Neglect   Emotional Abuse   Sexual Abuse   Physical Abuse   Domestic Violence   Divorce  
Separated   Other \_\_\_\_\_

**Explain:**



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<b>SPECIAL INSTRUCTIONS FOR THE INTAKE COORDINATOR</b>	
Asante's form 1111 (Visitation Family Ground Rules) was signed by customer and a copy put in customer case file on _____. Asante's form 1112 - <b>Visitation Plan</b> . A Visitation Specialist will complete a copy of this form every time there is any contact with customers and a copy put in file. Asante's form 1114 - <b>Incident Report</b> Asante's form 1115 - <b>Security Procedures and Emergency Protocol</b> . Other: Explain:	
Customer Signature:	Date:
Intake Coordinator Signature:	Date:

**Ground Rules**

These rules must be signed by both the custodial parent/guardian and the non-custodial parent/visiting adult in order to utilize the Visitation Center's Services. These rules both apply to the custodial parent/guardian and the non-custodial parent/visiting adult. All parties should be prepared to discuss the enforcement of these rules at any given time with Asante Visitation Center.

**Arrival, Parking and Departure**

1. Visiting parent must arrive 15 minutes before the visitation begins and immediately enter the visitation Center.
2. No one may accompany you to the Center for a visit without prior approval from the Center Coordinator. No one can remain in the parking area or wait in front of the building or in the general vicinity during the visit.
3. If you are going to be late for a visit or need to cancel a visit for any reason, you must telephone the Center and notify Center staff or leave a message on the answering machine. If the custodial parent is more than 15 minutes late your visit will be canceled. Cancellations made with less than 24-hour notice or "no-shows" will result in payment for the scheduled visit time.
4. Cancellations will not be rescheduled.
5. If you cancel or fail to show for any three visits, it may result in termination of services. Staff will review future use of Asante Visitation Center.
6. All necessary forms and releases must be signed before visitation can take place.
7. During the visit, staff will prepare observation notes about occurrences during the visit. Observation notes are factual and do not contain opinions or recommendations about parent/child contact.
8. Any fees required must be paid prior to the visit. Also, the Center must have a signed payment agreement before you can use the facility.
9. Visiting parents will PARK and ENTER through the front of the building and exit the same way. Visiting parents MUST arrive 15 minutes prior to the scheduled visit.



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**Supervised Visits Intake Form**

10. Custodial parents/guardians will bring the children into the office. It is imperative that you are prompt for arrival and departure.
11. The child(ren) will leave the Center first. Visiting parents will remain in the center until the Visitation Specialist indicates that it is appropriate to leave (at least 15 minutes)
12. No loitering or confrontation of children or former partners will take place in the Center or the immediate vicinity. You are to leave the Center and the vicinity immediately following the visit. If you refuse to leave the premises, the proper authorities, such as police department, Courts and the Department of Social Services will be notified.
13. Visiting adults will be properly clothed at all times. This means no low cut or revealing clothing, shorts, tank tops, miniskirts, tee-shirts with inappropriate pictures or wording, or any other article of clothing deemed inappropriate by Visitation Specialist. Improperly dressed clients will not be allowed to visit with their child(ren).

**Appropriate Behavior**

14. There will be no consumption of alcohol or drugs on the premises or prior to the visit. If a staff member detects or suspects the use of alcohol or drugs, the scheduled visit will not take place. Notification will be sent to the Court and/or Department of Social Services.
15. Possession of any weapon, including mace and pepper gas, will terminate the visit. If the visit is terminated due to the possession of any weapon, including mace and/or pepper gas, no reinstatement will be allowed.
16. All coats, hats, gloves and other items brought to the Center must be left in your vehicle and waiting area. You will not be allowed to carry anything into the visitation room without the approval from your Visitation Specialist.
17. You may not bring anything with you to the visit unless approved by the Center Coordinator first. This includes, but is not limited to, clothing, games, toys, diaper bags, books, pictures/photographs, etc. Presents are allowed on specific gift giving days only. These gifts must be unwrapped and approved by the Center Coordinator prior to your visit. All gifts will leave the Center with the child.
18. The visiting parent may bring games, books and activities from home to use during visitation. Staff will determine the appropriateness. The child(ren) may not take these items home, but may take a finished project home. Please make special note of our anti-war toys policy.
19. Custodial parents may not determine if child(ren) receives and keep gifts and/or clothing. Children can receive gifts and clothing unless otherwise ordered by the Court. If you, as custodial parent, refuse to allow your child(ren) to receive and/or take the items home, this information will be included in any report which may be submitted to the Court, DCS and/or referring agency.
20. There will be no exchange of any material that has not been approved by the Center Coordinator. For example: no note or card passing, no candy or money is to be given out.
21. Any wrapped gifts from grandparents and other relative will not be exchanged at the Visitation Center.
22. No cameras, no video cameras, and no tape recorders are allowed at the visit. If any photographs are to be taken, they must be pre-approved by Center Coordinator.



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**Supervised Visits Intake Form**

23. All cell phones, beepers, and other electronic devices are to be turned off and left in the waiting area upon arrival at the Visitation Center.
24. Visiting parents may bring approved food to the visits with them. This includes but is not limited to beverages (juices or non-caffeinated soda) and/or snacks. Trash items must be cleaned prior to leaving.
25. A Visitation Specialist will be present at all times, and will accompany the child to the bathroom if needed.
26. Please cooperate and engage in any activity the Visitation Specialist initiates as it will be beneficial to you and your child(ren) and the success of the visit.
27. There will be no provoking, fighting with, swearing at, or physically disciplining the child(ren). If this behavior occurs, the visits will end and you will be asked to leave and escorted out of the Center immediately. All proper authorities will be notified.
28. No derogatory remarks about the custodial parent, foster parent, and/or guardian will be allowed. Questing or talking about the child(ren)'s custodial family members, school, residence, their friends, court cases, counseling etc. will result in immediate intervention by the Visitation Specialist unless it is part of instructions of visitation on the court order.
29. Derogatory comments made about non-custodial (visiting) parents will not be allowed.
30. Any harassment, threats, intimidation, assault, attempted assault, reckless endangerment, engagement in conduct which is offensive or disorderly towards an individual, adult or child in the Center or in the immediate vicinity of the Center will result in immediate termination of the visit. Notification of the proper authorities, police department, the courts and the Department of social services will follow immediately thereafter.
31. Any additional inappropriate behavior will be documented and reported to the proper authorities.
32. Court cases may not be discussed at the visit with the child(ren) and/or staff.
33. Promises and/or talk of future visits will not be allowed.
34. There will be no discussion by visiting parents about the past visitations, your family members, your counseling or friends during the visit unless it has been permitted by Court order.
35. The Visitation Specialist may pass medical information regarding the children in writing to the non-custodial (visiting) parent. Any other communication between parents must be done through the Department of Social Services, respective attorney, or the Court system.
36. No foreign language will be spoken at the Center. The only exception to this rule would be if staff is fluent in that particular language.
37. No whispering or low tone talking will be allowed.
38. Physical contact will only be initiated by the child and deemed appropriate by the Visitation Specialist
39. The Center will not make any exceptions to the rules and regulations. Specific requests must be made through the Coordinator prior to visitation only.
40. There is no smoking in the Visitation Center or on grounds.



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**Supervised Visits Intake Form**

41. Any form of child abuse will be reported the Department of Social Services and a review will be held to determine if your case will be terminated from the Center. The Center is a mandated reporter.

**Termination of a Visit**

42. It is up to the Visitation Specialist to terminate visits if any of the rules are not followed. The Coordinator will determine if the services will be terminated indefinitely.
43. No further visits will be arranged once services have been terminated. If the visitation is arranged through the Department of Social Services, a meeting with your Social Worker and the Center will take place. A Court order and approval by the Center is necessary for reinstatement to occur.
44. Case will be terminated if three or more consecutive cancellations/late arrivals (regardless of canceling party), attendance becomes inconsistent with three no-shows (do not have to be consecutive).
45. There is no visitation cancellation policy except due to a child's illness. Any visitation canceled by a custodial or non-custodial parent will be at the expense of the party who cancels. Payment for the canceled visit must be made at the beginning of the next scheduled visit. If payment is not made the visit will be canceled and the case taken off the schedule until payment is made in full. The center cannot excuse visitations and will not be responsible for any possible contempt.
46. The Visitation Center reserves the right to suspend or terminate services at any time

**Closure of the Center/Scheduling Changes**

47. It is your responsibility to contact the Center at 909-886-3322 to find out if it will be closed due to bad weather.
48. Schedule changes may arise. Staff may briefly assist communication between parents, but if the scheduling issue is not resolved it is the parent's responsibility to seek resolution through the Court or mediation.

**Litigation Issues**

49. To provide services in a neutral and non confrontation environment, the Center will not be involved in Court litigation. If the Center or any of its staff members are subpoenaed to appear at any hearing of appointments, the client hereby agrees to secure a \$450 prepayment. The case will not be supported until litigation is resolved and the Center can provide services in a neutral manner.

Signed: \_\_\_\_\_

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



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Witness: \_\_\_\_\_

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



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**LITIGATION POLICY**

Asante Visitation Center (AVC) and its staff will not provide evaluations or recommendations. Asante Visitation Center, through its staff, will, however, upon request of the Court or Court ordered Guardian Ad Litem provide attendance and report any issues, concerns, infractions or violations of Asante Visitation policies, rules and/or guidelines. Asante Visitation Center treats its observation notes as confidential and, therefore, they are not available for review by clients, therapists, attorneys or other parties.

The above was explained to me and I hereby agree that I will not be involved in any legal action myself or through an attorney or other party to order or subpoena Asante Visitation Center's records or its staff to appear or produce any documents in any legal action. I further understand and agree that if I am involved in any way in said action, that upon the initiation of any action:

1. I will no longer use the services of Asante Visitation Center and its staff, and
2. I agree to immediately provide to Asante Visitation Center a four hundred and fifty (\$450) money order as a partial payment for all costs and expenses incurred by Asante Visitation Center staff, including but not limited to staff's time is billable at the rate of Seventy-five dollars (\$75) per hour (billable in 10 minute increments). Asante Visitation Center's legal representative, administrative costs, and any and all costs and expenses incurred in any action requesting or requiring Asante Visitation Center records or services of Asante Visitation Center's staff, and
3. Any balance of Asante Visitation Center's billing "to date" is due "in full" by money order prior to the delivery of said Asante Visitation Center records and/or appearance of Asante Visitation Center staff and/or legal counsel, and
4. Asante Visitation Center's cost and expenses (as stated above) will continue to be billable until the matter is resolved, at which time any remaining balance of Asante Visitation Center's billing will be due and payable by a money order within forty-eight (48) hours.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Visitation Fees and Payment**

Court Ordered: Yes No

Length of Session: One hour Two hours Other: \_\_\_\_\_

Frequency: Weekly Biweekly One a month Other: \_\_\_\_\_

You are booking a time period for supervised visitation services to be provided, not for a successful visitation session. Your child(ren) may need some time to adjust to this new situation. Please be patient.

Payment may be made with a money order, check or credit card. We do not accept cash.

I understand that I am/am not responsible for payment of services provided by Asante Visitation Center. However, I understand that I may be responsible for the payment of a cancellation fee if I do not provide minimum notice for canceling a scheduled visit.

These rules will remain in effect while you use the Visitation Center's Services.

I have read, understand and will abide by all of the above ground rules. If I did not understand any part of the ground rules I have asked that the Center Staff further explain it to me.

I further understand and agree to sign (if required to sign) and abide by any further policies and/or procedures set forth by the Visitation Center.

Lastly, I understand and agree that all of the above are in effect to protect the emotional and physical well being of my child(ren).

Signed: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**FEE POLICY**

Court Ordered: Yes    No	Today's Date:
Name:	DOB:
Address:	Telephone:
Length of Session:    One hour    Two hours    Other	
Frequency:    Weekly                      Biweekly                      One a month                      Other:	

Fee Structure	
\$20 Telephone Monitoring	\$20/hr Neutral pick-up/drop off
\$50 Semi supervised visit	\$25 for observation visit and \$75/hr therapeutic visit
Agency Contract on file	Name of Agency:
Other:	

Authorized Participants of the Visit	
1	4
2	5
3	6

Because specific hours of the Visitation Center are set aside for your visit and because many other clients need visitation time, keeping your scheduled appointment is very important. If for some reason you are unable to keep an appointment, you must notify us at least 48 hours before your scheduled visit so we may schedule another client during that appointment time.

If you do not provide us with this minimum notice or you do not appear for your scheduled visit, you will be charged your normal visitation fee for the scheduled length of the visit (minimum \$20). The canceling party is always responsible for the specific date.

If visitation cancellation is due to a child's illness, the fee may be waived if a pediatrician's note is provided, stating that the child was seen by the doctor, the diagnosis made, and that the child cannot participate in visitation for the specific date.

In addition, you are booking a time period for supervised visitation services to be provided, not for a successful visitation session. Your child(ren) may need some time to adjust to this new situation. Please be patient.

Payment may be made with a money order, check and or credit card.

I understand that I am/I am not responsible for payment of services provided by Asante Visitation Center. However, I understand that I may be responsible for the payment of a cancellation fee if I do not provide minimum notice for canceling a scheduled visit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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**Supervised Visits Intake Form**

**LIABILITY STATEMENT**

The custodial and non-custodial parent accepts full responsibility for the care and safety of all parties participating in visitation sessions and/or monitored exchange at the Visitation Center.

The Center will not be held responsible in any way for any accidents, injuries or damages sustained by any visiting parent while on the premises.

By Signing below, I have indicated that I have read and agree to follow the Visitation Center Ground Rules and other rules and policies. I also agree to pay the designated fee.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Supervised Visits Intake Form**

**INFORMATION RELEASE**

I, \_\_\_\_\_, give the Asante Visitation Center permission to give the following individuals any and all information pertaining to my intake and involvement with the Center including attendance, level of participation, and compliance with the rules and policies.

	<b>Name/Agency</b>	<b>Address</b>	<b>Telephone</b>	<b>Fax</b>	<b>Email</b>
1	Court				
2	Agency				
3	Attorney				
4	Guardian ad Litem				
5	Social Worker				
6	Therapist				
7	Child Support office				
8	Other:				
9	Other:				

I understand that this release will automatically expire one year from the date on which I have signed it. If I wish to withdraw this release at any time, I shall do so by written request.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Supervised Visits Intake Form**

**CHILD(REN)'S RIGHTS POLICY**

The Center protects child(ren) physical as well as emotional safety. These guidelines are designed to protect the children from feeling uncomfortable, non-verbally threatened, or upset. It is in everyone's best interest to respect your child(ren)'s feelings about physical contact with you.

The Center has found it best to follow your child(ren)'s lead throughout the visits, especially with hugs, kisses, and other physical contact. You should greet your child(ren) upon arrival while letting your child(ren) initiate any such contact. During the visit, please avoid any extended physical contact with your children. Please respect your child(ren)'s feelings and rights to determine when to be touched. Be patient and focus on making the visit as conflict free as possible.

I have read and understand this policy and agree to abide by it. I will ask to have any part of this policy explained to me if I do not understand it. I further agree that if I do not follow this policy, I may be terminated from the Center.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Supervised Visits Intake Form**

**GIFT GIVING DAYS AND POLICIES**

Unless there is a Court Order, parents may bring gifts to the center as long as they are not wrapped and are approved by the agency.

All gifts brought to the Center will go home with the child(ren). The Center will not allow a child to receive a gift and then be told s/he cannot bring it home. The Center will also not allow custodial parent/guardians to determine what gifts may be brought home which have been given to a child by a visiting adult. Please remember that we are all trying to work together for the common good of the child(ren) involved.

The Asante Visitation Center has a no violence policy, which includes no war toys. By tolerating war toys, we are telling child(ren) that aggression, violence and war are attitudes to which they should aspire.

What is wrong with toys of violence?

1. They endorse violence as a way of solving problems.
2. They reinforce sexist stereotypes of male dominance and female passivity
3. They foster unnecessary aggressive competition
4. They create the need for an enemy; and
5. They falsely glamorize military life, combat and war as exciting and fun.

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Supervised Visits Intake Form**

**PHOTO AND AUTO INFORMATION**

I authorize Asante Visitation Center to keep a photo of all participants on file. The photos will be maintained in a confidential manner and will only be used in case of an emergency such as an abduction etc.

Photo of participants on file
Photo of participants not on file.
Explain:

AUTO INFORMATION			
Drivers	Auto Make and Model	Plate License	Color

Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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



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**Supervised Visits Intake Form**

**SLIDING FEE SCALE**

The sliding Fee Scale is going to be application if the Center has a grant to supplement fee for the clients. If the center does not have a grant to supplement fee, then the sliding case cannot be utilized. Ask the staff if there is a grant in place. The fee for intake is **\$50.00**. Special consideration may be made for clients on contract and/or if the Center has a grant to supplement intake fees.

<b>SUPERVISED VISIT</b>			
	<b>Net Income</b>	<b>Regular Fee/Hour</b>	<b>Sliding Scale</b>
1	Under \$15,000	\$75	\$25
2	\$15,001 - \$17,000	\$75	\$30
3	\$17,001 - \$19,000	\$75	\$40
4	\$19,001 - \$21,000	\$75	\$55
5	\$21,001 - \$23,000	\$75	\$60
6	\$23,001 - \$25,000	\$75	\$70
7	Over \$25,001	\$75	\$80

Note: Therapeutic Visits are \$75 dollars an hour.

<b>NEUTRAL PICK-UP/DROP OFF(EXCHANGE) AND TELEPHONE MONITORING</b>			
	<b>Net Income</b>	<b>Regular Fee/Hour</b>	<b>Sliding Scale</b>
1	Under \$15,000	\$20	\$0
2	\$15,001 - \$17,000	\$20	\$0
3	\$17,001 - \$19,000	\$20	\$0
4	\$19,001 - \$21,000	\$20	\$0
5	\$21,001 - \$23,000	\$20	\$5
6	\$23,001 - \$25,000	\$20	\$10
7	Over \$25,001	\$20	\$15

Other services being offered:

1. Co-parenting after divorce
2. Reunification counseling.

Please request for price list.



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**Supervised Visits Intake Form**

**ASANTE VISITATION REPORT**

Court Ordered: Yes    No	Today's Date:
Start Time:	End time:
Length of Session: One hour    Two hours    Other	
Frequency: Weekly    Biweekly    One a month    Other:	
Referring Agency: DCS    Family Law    Juvenile Court    Individual    Other	
Scheduled/ready for visit    Scheduled/no-show    canceled    rescheduled    Other	
<b>Comments:</b>	

Visiting Parent Name/Relationship	
1	2
Visiting Child(ren)	
1	4
2	5
3	6
Other Approved Visitors (grandparents, aunts, uncles)	
1	3
2	4

Quality and adequate of Visit
<b>Comments:</b>

Limitation of Visit
<b>Comments:</b>

VISIT NOTES:
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**Supervised Visits Intake Form**

Name of Visitation Specialist: