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

**REFERRAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referring County:  | [ ]  Charlevoix[ ]  Otsego | [ ]  Cheboygan[ ]  Mackinaw | [ ]  Emmet[ ]  Other: |  |
|  |  |
|  |
| Date of Referral: |  |  | Court Case #: |  |  |
|  |
| Referral Source: |  |  | Contact Name:  |  |  |
|  |
| Contact Number: |  |  | Email:  |  |  |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: |  |  |
|  |

|  |  |
| --- | --- |
| **Type of Service Requested:\*** [ ]  Supervised Visitations[ ]  Safe Exchanges[ ]  Reunification | **Payment:** [ ]  Families with a history of **any** of the following: domestic violence, sexual assault and stalking, qualify for OVW Grant funds. |
| **All Others, Payment Responsibility:** |
| [ ]  Referral Source[ ]  Shared Cost | [ ]  Non-Custodial[x]  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**

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|  |
| **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: |  |  |
|  |

|  |
| --- |
| **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**

|  |
| --- |
| 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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| **Tracy Martin – Safe Haven North Program Coordinator****Child & Family Services of Northwestern Michigan****3434 M-119, Suite F (Emmet County Health Department)****Harbor Springs, MI 49740****Phone: (231) 489-8165****Fax: (231) 347-8823****Email:** **tmartin@cfs3L.org** |