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| --- | --- | --- | --- | --- | --- |
| **Credentialed Provider Documentation Form**  **Supervised Visitation Service** | | | | **Invoice:** | |
| **Agency Name:** | | | | | |
| **Agency Address:** | | **City:** | | **State:** | **Zip:** |
| **Agency Phone:** (   )    **-** | | | | | |
| **\*\* Complete form for each visit \*\*** | | | | | |
| **Child's Name:** | | **DOB:**    /    / | **Case ID:** | | |
| **Other Info:** | | | | | |
| **Referring Office:** | **Child ID:** | | **Case Name:** | | |
| DCF Worker: | Phone: (   )    **-** | | Email: | | |
| DCF Supervisor: | Phone: (   )    **-** | | Email: | | |
| Service Type (Name): | | | Date of service:    /    / | | |
| Staff Name: | | | | | |
| Name of Individual providing Transportation (if different): | | | | | |
| Proposal Approval Period: | | | Total Number of Hours: | | |
| **Location where service occurred**: | | | | | |
| **Name of Individual(s) attending today’s visit:** | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| **Please describe your observation of:** | | | | | |

**PARENT:**

**CHILD:**

|  |
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| **Please describe your observation of the parent child interaction (including strengths and challenges)** |

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| **Was there a need to intervene for safety reason? If yes, please describe.** |

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| **Describe the feedback provided to the family following the visit.** |

**Submitted by (Name and signature):**

**Submitted on (date):**    /    /