

## Supported Visit Program: FFS

### Application and Intake Process:

*The following application form is to be filled out and submitted by both parties. LCSS will not schedule an intake if both applications have not been received. LCSS is not responsible for contacting co-applicant to complete the application.*

Please review the following steps prior to completing the application:

1. Each parent/guardian must complete and submit a separate application. LCSS will send confirmation to you once your application has been received. Confirmation will also be sent when both applications have been received.
2. If the second application is not received within 30 days of the first application, the file will be closed. A new referral must be submitted to proceed.
3. An intake will be scheduled individually with both referring parties once both applications are received. You may request to have the intake together, both parties must agree.
4. Prior to intake, please provide the following:
  - a. Copy of court order or mutual agreement.
  - b. Copy of any orders pertaining to visits: No contact, restraining order, etc.
  - c. Copy of police reports, conviction reports, etc.
  - d. Copy of ID (driver's licence, BCID).
  - e. Fee for intake.
  - f. Any other relevant documents.
  - g. Photos of children.
5. After intake, we will schedule first visit based on availability.

**Location of Visits:** Langley Community Services Society at 5339 – 207 St Langley, BC

- Visits can take place off site (with start and end at LCSS) if both parties agree.

### Fees:

There are fees to receiving service, fees are due prior to intake and visitations.

Fees are as follows: Intake \$100 (total, not per person), Visits \$75 an hour weekdays, \$150 weekends and holidays, reports if requested \$50.

### Submitting the application:

Submitting the application does not guarantee service to the program. The application is not a legal document. Once the application is complete, you can submit by:

Fax to: 604-533-0020 or scan and email to: [ccook@lcss.ca](mailto:ccook@lcss.ca) or [gdavis@lcss.ca](mailto:gdavis@lcss.ca)

For any questions please contact Supported Visit Coordinator, Charlie Cook: 604-533-7920 ext 1301 or [ccook@lcss.ca](mailto:ccook@lcss.ca) or Program Manager, Greg Davis: 604-533-7920 ext 1310 or [gdavis@lcss.ca](mailto:gdavis@lcss.ca)

## Supported Visit FFS: Self-referral Application Form

### Applicant Information:

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact: Phone  Email  Both

### Relationship:

What is your relationship to the child(ren): (check all that apply)

Parental Relationship	Legal Relationship
<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian/Custodial Parent
<input type="checkbox"/> Father	<input type="checkbox"/> Non-Guardian/Non-Custodial Parent
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Who are you completing this application with (co-applicant name): \_\_\_\_\_

Current status with Co-Applicant:

Married  Separated  Divorced  Common Law

Family Member (specify)  \_\_\_\_\_ Other  \_\_\_\_\_

Current custody status: Joint  Sole  Other  \_\_\_\_\_

Are you in agreement that the visiting parent and child(ren) are allowed to go off site during the visiting time (always with the supervisor)? Yes  No

Are there concerns that the visiting parent is a flight risk? Yes  No

If yes, please explain:

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**Child(ren) Information:**

Full Name of Child	Birthdate	Gender	Indicate any medical or health conditions, behavioral challenges or concerns:
		M    F	
		M    F	
		M    F	
		M    F	

**If guardian parent is unavailable, please provide an emergency contact for the children:**

**(to be filled out only by parent the child is currently with, not the visiting parent)**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

**Legal Information:**

What legal documentation or written agreement do you currently have (copies will be required before or at intake):

Court order for Supported Access Visitation

Restraining order/No Contact Order

Probation or Bail Conditions

Written agreement between parents

Other: \_\_\_\_\_

**Reports:**

Are written reports required: Yes  No  Undecided/Will decide later

*Reports are additional charge, see fees/payment below. Reports will be sent to both parties upon receipt of payment.*

**Fees/Payment:**

Please acknowledge the costs associated with receiving service through Langley Community Services. There must be a formal written agreement for service to be provided. Fees are due before services are provided.

**Fees:**

Intake meeting, fee \$100 to be paid by: applicant  co-applicant  Split 50/50

Visits (weekdays), \$75 per hour to be paid by: applicant  co-applicant  Split 50/50

Visits (weekends/holidays), \$150 per hour to be paid by: applicant  co-applicant  Split 50/50

Reports (if requested), \$50 to be paid by: applicant  co-applicant  Split 50/50

**Payment:** Please indicate how payment will be made

Check  Cash  Paypal

*\*Payment will not be returned for visits cancelled less than 24 hours prior to visit. For visits cancelled more than 24 hours in advance payment will be returned within 30 days or held for future visits if requested.*

**Who is responsible for payment:**

Applicant  Co-applicant  Split 50/50

**What are the primary reasons for the Supported Visitation service request?**

**Is there any past or current concern regarding substance use for either parent?**

**Any mental health or physical challenges for either parent?**

**Any safety concerns? Concerns regarding contact between parents? Flight risk? (for staff, between parents, for the child(ren), etc.)**

**Any additional information?**

**Acknowledgement and Consent: (initial boxes)**

I declare that all the information provided to Langley Community Services Society (LCSS) is accurate, complete and honest to the best of my knowledge. LCSS will not share any information contained within this application without my written consent, with the exception when required by law, child safety concerns, subpoena, or to assist law enforcement. Limits to Confidentiality will be provided at intake.

I understand both applications must be completed and submitted prior to commencing service. Incomplete application forms will not be accepted and by submitting this application form it is a request for service, it does not guarantee service.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office use only:* Date application received \_\_\_\_\_

Date of intake \_\_\_\_\_