

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
 7320 State Rd 52  
 Hudson, Fl 34667  
 727-857-7841

## Pinellas Location

Director: Dr. Tina White  
 1421 Court Street  
 Clearwater, Fl 33756  
 727-400-4796

### Custodial Parent (Please Print Legibly)

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

Picture I.D. type and number: \_\_\_\_\_

Last four digits of your social security number: \_\_\_\_\_

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Income (Yearly):    less than \$10,000    \_\_\_\_\_  
                           \$10,000 - \$19,000    \_\_\_\_\_  
                           \$20,000 - \$29,000    \_\_\_\_\_  
                           \$30,000 - \$39,000    \_\_\_\_\_  
                           \$40,000 & above        \_\_\_\_\_

Children's Names	D.O.B.	Special Needs	Relationship to Child	Gender	Last 4 digits of SS #	Race

Are there any allegations of domestic violence involved in this case? \_\_\_\_\_

What is your relationship to the child's biological parent? \_\_\_\_\_ Married  
 \_\_\_\_\_ Separated  
 \_\_\_\_\_ Divorced  
 \_\_\_\_\_ Never Married  
 \_\_\_\_\_ Parent/Inlaw  
 \_\_\_\_\_ Other: \_\_\_\_\_

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

---

### Authorization for Emergency Medical Treatment

(PRINT LEGIBLY or TYPE)

I, \_\_\_\_\_, do hereby authorize the staff of the Pasco County Family Visitation Center to obtain medical treatment for my child(ren), if necessary.

Child(ren)'s Names	Existing Conditions	Allergies	Medications Currently On

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Copy for Client - Administration Initial**

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

---

### Authorization for Alternate Custodian

(PRINT LEGIBLY or TYPE)

I, \_\_\_\_\_, do hereby authorize  
(Name of Alternate Custodian), \_\_\_\_\_ to be the  
temporary custodian for my child(ren). In the event that I or the alternate custodian fail to pick up the  
child(ren) at the scheduled time following the visit at the Pasco County Family Visitation Center, I  
understand that I will be charged \$1.00 for each minute that I am late. I also realize that the Department  
of Children and Families will be notified if my child(ren) is not picked up by an authorized custodian.

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

Alternate Custodian's Name: \_\_\_\_\_

Relationship of Alternate Custodian to Child(ren): \_\_\_\_\_

Alternate Custodian's Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Weekend Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

### Program Rules and Guidelines

- Please arrive and depart at scheduled time.
- Bring photo identification with you.
- Bashing of other parent to staff or children will not be tolerated at any time.
- Do not bring any relative, friends, or children into the visitation center unless previously approved by the Director.
- Visits are over at scheduled times.
- Residential parents will be required to leave the area immediately upon dropping off and picking up child(ren).
- Use of alcohol or nonprescription drugs is prohibited.
- No guns, knives, or other weapons on premises.
- Gifts must be unwrapped and cards unsealed for inspection by staff
- The visiting parent will be instructed to bring a healthy snack or meal for the children.
- All food brought into the center must be previously approved by director or administration.
- No smoking on premises.
- No profanity.
- No corporal punishment permitted. Please ask the staff if you need help interacting with your child.
- Visiting Parent is to bring playthings, diapers, prescribed medication, etc. Please leave your bag with staff in case they do not.
- Family must stay together during visit.
- Do not bring animals or pets to the visitation center.
- Do not bring cellular phones, cameras of any kind, or paging devices into the Pasco County Family Visitation Center building without approval.
- No photography or videotaping is allowed unless approved by administration. Visit monitor will maintain custody of camera at all times.
- Please do not bring toy guns or other toys of a violent nature.
- Do not discuss the allegations in your legal case with the children or staff during visitations.
- Do not tell your children about plans for future visitations or living arrangements outside of the Program.
- No whispering. The contact between the visiting adult and child (ren) shall be monitored continually and in a manner that allows all verbal communication between the adult and child (ren) to be heard and any physical contact to be observed. This means that adults will be required to speak in tones loud enough to be heard by nearby supervisors.
- The visit monitor will be with the child and visiting adult at all times, even in the bathroom.
- The visiting adult must remain in the visit room for 10-15 minutes after the visit and leave the room when notified to do so by Program staff.
- A visit may be permanently terminated if either parties have (2) or more unexcused absences
  - All absences must give a 48 hour notice
- After (1) critical incident report the responsible party will be on probation and can have visits terminated at any time for any reason.
- The Pasco County Family Visitation holds the right to permanently terminate visitation at any time if we feel we cannot properly provide the needed services or properly protect the children, staff, or other visitors.
- Visits will be cancelled for the day if:
  - If the visiting parent did not confirm by noon the day prior to the visit or unless otherwise specified by staff
  - The child becomes ill
  - The child cannot be comforted after 30 minutes.
  - One of both of the clients has failed to comply with the visitation agreement, the directives of the visit supervisor, or the court's order of referral.
- A visitation supervisor shall have the sole discretion to withhold the presentation of any inappropriate item or gift from noncustodial parent to the child.
- Payment is required at the beginning of each visit.
  - Ability to pay is determined by the court, all others are required to pay in full at each visit.

***Because each case is different, there may be additional rules designed to protect the child in a given case. These will be discussed with the parent prior to visitation.***

I hereby acknowledge that I have read or had read to me the above rules and I understand them.

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

---

## Emergencies and Holidays

### Hurricanes, Natural or Unnatural Disasters

In the case of a hurricane, natural or unnatural disaster, the visitation center will be closed when Pasco County Public schools are closed. If you have any questions or concerns as to whether the visitation center is closed, please call and listen to voice mail message.

### Recognized Holidays

The following holidays are recognized by The Pasco County Family Visitation Center. If any of these holidays fall on a day that the visitation center provides visits the center will be closed. There can be exceptions depending on the yearly calendar. There may be other holidays that are not listed below, which the visitation center may also be closed. Please contact the visitation center if you have any questions on whether we are closed for a certain holiday or not.

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Day after Thanksgiving  
Christmas Day  
Day after Christmas

If you have any questions or concerns on whether a The Pasco Family Visitation Center is closed, please contact our office at 727-234-7795. If the visitation center is closed on normal visitation day, there will be a voice message listing the reasons that we are closed.

**Copy for Client - Administration Initial \_\_\_\_\_**

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

---

### Gift Giving Days and Policy

The following are days you may bring gifts to your child. Please do not ask the staff to make exceptions.

Valentine's Day Halloween  
St. Patrick's Day Thanksgiving  
Easter Christmas  
Fourth of July Hanukah  
Labor Day Birthday  
Religious Celebrations (such as First Communion, Bar/Bat Mitzvah)  
School Graduation

All gifts must be appropriate for the holiday or occasion. Cash is never appropriate. All gifts must be brought unwrapped and will be checked for appropriateness by the staff. All cards must remain unsealed until approved by the staff. Once approved you may wrap the present and seal the card.

All gifts brought to the Center will go home with the Child. The Center will not allow a child to receive a gift and then be told that they cannot take it home with them. The Center also will not allow the custodial or non-custodial parent to determine what gifts may be taken home with the child.

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

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

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

# Family Partnerships

Pasco Operations Manager: Dawn Dasilva  
7320 State Rd 52  
Hudson, Fl 34667  
727-857-7841

## Pinellas Location

Director: Dr. Tina White  
1421 Court Street  
Clearwater, Fl 33756  
727-400-4796

---

### THE VISITATION CENTER WAIVER

In exchange for the benefits extended by The Visitation Center in providing supervised visitations or monitored exchanges for myself and my child(ren), I agree to the following. I understand that the use of The Visitation Center for supervised visitation or monitored exchange is a privilege and not a right. In order to take advantage of this privilege which has been extended to me, I agree to comply with the rules and regulations of The Visitation Center and agree to the following:

1. I agree that a representative from The Visitation Center may report directly back to the Judge who has ordered the supervised visitation or monitored exchange or who is otherwise assigned to my case.
2. I agree that a representative of The Visitation Center may report directly back to the Judge without notice to me, regardless of the hearsay nature of The Visitation Center representative's written or verbal report. No hearing will take place without notice to me at the address I have supplied on my intake form.
3. I agree that The Visitation center may communicate with attorneys, counselors, Guardian Ad Litem, or caseworker regarding my visits.
4. I agree to be searched by the law enforcement officer or The Visitation Center staff upon arrival and at all other times on The Visitation Center premises to be certain I have no weapon or other dangerous item. I understand that no weapons or prohibited items of any sort are permitted. If any weapons or contraband are found on my person, I will be subject to prosecution and will immediately lose my privilege to use The Visitation Center for supervised visitation or monitored exchange.
5. I agree to follow all rules and regulations of The Visitation Center and agree to follow all instructions given to me by workers at The Visitation Center.
6. I agree that if I violate either the terms of this waiver or the rules and regulations of The Visitation Center that my privilege to use The Visitation Center may be withdrawn without any regard to any proof of substantial change in circumstances.
7. I agree that my visitation may be terminated for noncompliance with this Waiver or noncompliance with the rules of The Visitation Center until further Court Order.
8. I agree that any rights which I waive in this agreement are subordinate to the best interest of all the children who are served by The Visitation Center.
9. I am aware that all of my interactions inside the doors of the visitation center are audio and video recorded and can and will be used in court, staffings or any other meetings that may be deemed appropriate by Visitation Center staff. Case Managers and Guardian Ad Litem may view my visits remotely via these recording devices with or without my knowledge.
10. I understand that no confidential privilege exists regarding the records of the visitation center.

---

Parent Signature

---

Date