



# CONVERSE HOPE CENTER

## Supervised Visitation and Exchange Program

### Application

#### Goal Statement

To provide children with a safe, positive, conflict free experience with the important adults in their life.

#### Getting Started

Converse Hope Center (CHC) cannot offer services, even if a court referred you to our program, until we have certain tasks completed and we cannot begin that list until we have an application from both parties. We do not always receive information from the courts providing contact information for people they have referred, nor do we have a means to access contact information. Therefore, it is important that you provide the most recent contact information you have for the other party. CHC will use the provided information to reach out to that party one time only.

**Before visitations, exchanges, or communications are facilitated, CHC must have the following from both parties:**

- SV&E Program Application
- Court Documents
- Work Schedules (CHC does have limited hours and will provide our schedule openings during orientation)
- Orientation Completed
- Signed Acknowledgement and Acceptance Agreement for the program you are enrolling in
- Agreement in writing signed by both parties and CHC
- Any fees per the fee schedule are paid as agreed between participant and CHC

**If either party refuses services, does not complete the above list, or terminates services after they have begun, CHC will not be able to provide services even if the other party wishes to continue.**

If we do not have any current openings and we have received all information from both parties, the case will be added to our waiting list. Participants will also be provided with referrals.

Policies and procedures will be gone over during orientation with both parties to ensure that it is a good fit. However, you may request to be given the packet before orientation if you wish to look it over ahead of time.

The Converse Hope Center is committed to providing supervised visitation/exchange services for as many families in need as possible. This does not mean services here are rights that clients are entitled to. Services can be denied, suspended, or terminated at the discretion of the Youth Advocates or Executive Director.

**Email is the best form of communication for questions and to begin the process. Email [sveprogram@conversehope.org](mailto:sveprogram@conversehope.org)**

Please keep for your records

## **General Process for Scheduling**

CHC funds these services through a combination of grant awards, fundraising and donations. This funding is limited and is subject to regular changes, meaning our program hours are also limited and subject to change. However, we would like to provide standard scheduling procedures as much as possible prior to your orientation so we can have productive discussions concerning scheduling.

### **Parent Communication concerning Child(ren)/Visitation**

If parents are enrolled in our program, we do offer communication about the child(ren)/visitation. Our preferred method of communication for this is via email with our Youth Advocates. If a phone call is required, the best time to reach our Youth Advocates is 1:00pm-5:00pm Mon-Fri.

If both parties feel comfortable, and a very specific agreement in writing is reached, CHC can assist the parties in setting up direct parent communications through certain apps that keep unalterable records of the communication. These apps do have their own fees that the participants would have to pay in order to use the system.

### **Supervised Phone Visits**

CHC provides supervised phone visits in our office no more than 1 time per week for no more than 15 minutes. These visits will only be scheduled Mon-Fri 9:00am-4:45pm.

### **Recorded Phone/Video Calls**

If both parties agree that they want phone calls to occur after hours, for longer time periods, or more times per week CHC can assist in setting up a call schedule agreement and set up through an app called Talking Parents. We would not oversee or monitor the phone calls occurring through Talking Parents, but all the calls would be recorded and saved by Talking Parents and would be available to the parties if documentation of the conversation is needed. This app does have its own fees that participants would have to pay in order to use the system.

### **Supervised Exchanges**

CHC offers onsite, supervised exchanges on even numbered Fridays and Sundays. Exchange times offered are generally.

Glenrock: 5:00pm-5:30pm      Douglas: 6:00pm-6:30pm

CHC can have more flexibility for more frequent exchanges if the parties can exchange Mon-Fri 9:00am-5:00pm.

### **Offsite Exchanges with Safety Plan**

If both parties are in agreement, CHC can assist in setting up an exchange plan outside of CHC. This has included such things as pick-up/drop-off occurring at school or daycare, through bus routes, or at another location such as the Justice Center. This will require a very detailed agreement between the parties and a safety plan if contact between parties will occur that is signed by both parties. It is rare that exchanges begin at this step.

### **Supervised Visitation**

We offer supervised visitation in both Douglas and Glenrock. Please note, we have limited openings for supervised visitation. Our after hours and weekend slots are minimal and fill in quickly. Therefore, it is a good idea to speak with your employers prior to turning in this application about times you may be able to get off work for visitations Monday-Friday 9:00am-5:00pm. The latest we will offer visitation is an end time of 7:00pm.

Please keep for your records

## SV&E Fee Schedule

CHC understands paying a fee per visit/exchange is not always feasible for parents, so we set up a deposit system. If parents are following the policies of the program, their deposit will be refunded when they transition out of the program. If policies are not followed this deposit will be forfeited and a new deposit is required before future services are provided. Intake fees are not refundable at any point. **There are fee waiver stipulations and payment plan options if needed for intake and program fees.**

Before CHC can begin any program services, we will need the following from each parent/guardian: participant information sheet, court documents, schedule agreement signed by both participants, intake fees paid, program deposit paid, and orientation completed.

### Intake fees per-parent/guardian, per program: non-refundable

Talking Parents (or the like) set up	\$10.00
Supervised Phone Visitation	\$10.00
Supervised Visitation	\$40.00
Supervised Exchanges	\$40.00
Off-site Exchange Safety Plan	\$40.00

<b>Supervised Phone Visitation</b>		
Time Scheduled Per Month	Custodial Deposit	Non-Custodial Deposit
15 minutes	\$5.00	\$5.00
30 minutes	\$10.00	\$10.00
45 minutes	\$15.00	\$15.00
1 hour	\$20.00	\$20.00

<b>Supervised Exchanges/Off-site Exchanges</b>		
Exchange Days Per Month	Custodial Deposit	Non-Custodial Deposit
1	\$5.00	\$5.00
2	\$10.00	\$10.00
3	\$15.00	\$15.00
4	\$20.00	\$20.00

<b>Supervised Visitations</b>		
Visitation Hours Per Month	Custodial Deposit	Non-Custodial Deposit
1	\$20.00	\$20.00
2	\$40.00	\$40.00
3	\$60.00	\$60.00
4	\$80.00	\$80.00
5	\$80.00	\$120.00
6	\$80.00	\$160.00
7	\$80.00	\$200.00
8	\$80.00	\$240.00

We base the deposit fees on our hourly costs. If your time frame is not listed, we will provide you the amount of your deposit in writing before any agreements are made.

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## SV&E Fee Schedule Cont.

Deposits made for program fees should ideally be a one-time payment that will be refunded when participants transition out of the program. However, certain situations will lead to a forfeiture of the program fee deposit. Once a deposit has been forfeited, a new deposit must be paid before services can continue.

<b>Program Deposit Forfeitures</b>	
3 <sup>rd</sup> cancellation without 24 hours' notice.	Half deposit forfeited
3 <sup>rd</sup> warning for late/early arrival.	Half deposit forfeited
No call, no show for scheduled time.	Full deposit forfeited
Policy violations resulting in suspension.	Full deposit forfeited
Physical or verbal violence directed toward CHC staff, the child(ren), or other party.	Full deposit forfeited
If staff must stop/cancel a visit due to the parent's behaviors or reasonable suspicion of drug or alcohol use.	Full deposit forfeited

The following other fees are not a deposit that can be paid back, nor do they qualify for any fee waiver. These are fees that will be charged for the following circumstances.

<b>Other Program Fees</b>	
1 month of observations	\$5.00
1 month of parent communications	\$5.00
Subpoena to court, charged per day	\$150.00
Mileage	Current Federal Rate <a href="https://www.federalpay.org">https://www.federalpay.org</a>
Meals	Current Federal Rate <a href="https://www.federalpay.org">https://www.federalpay.org</a>
Lodging	Current Federal rate <a href="https://www.federalpay.org">https://www.federalpay.org</a>
Transport (if no DFS/Law Enforcement)	\$50.00 per ½ hour + Mileage

CHC accepts payments in the form of Money Order made out to Converse Hope Center, or card payments.

Card payments will have an additional non-refundable charge to cover the fees for accepting card payments.

CHC will not accept cash or check.

Please keep for your records

## Supervised Visitation and Exchange Application

**Service requested:** please check  Supervised Visitation  Supervised Exchange  Phone/Video Visit  
 Exchange Safety Plan  Parent Communication Regarding Child(ren)/Visitation

### Personal Information

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

I am the  Custodial Parent  Non-Custodial Parent  Other

Referred by: \_\_\_\_\_  DFS  Court Order  Self  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

### Other Parent's Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

### Child Information

Name	Age	Medications/Allergy	Special needs

What outcomes do you hope to achieve through participating in our program?

Is there a Protection Order in place? If yes, who has a protective order against whom?

Are there any safety concerns you have for yourself, the child(ren), or CHC staff?

Please give us an idea of days and times you could be able to follow through with the services you are requesting.

How long has it been since you have last seen the child(ren)/since the other parent has seen the child(ren)?

How would you describe your relationship with the child(ren)?

How would you describe the other party's relationship with the child(ren)?

Is there info about the care of the child(ren) that needs to be received from/passed to the other party (diaper size etc.)?

Please return to CHC