



# Strategic Resolutions LLC

**“BUILDING A BETTER YOU!”**

*Services for Individuals, children and families*

419 Whalley Ave Suite 309, New Haven, CT 06511

Office: 203-823-9150 Fax: 203-306-3434

## Supervised Visitation Intake Form

Date of Referral:		
Child(ren) Name (s):		Client ID/Case Number:
Child's DOB:		Child's Ethnicity:
Where is child placed: Foster Home      Relative      Residential      Other:		
Guardian's Name:		
Street Address:		City:
Contact number(s):		
Child's school:		Child's Grade:
Parent Information:		
Parent name:		DCF Link Number:
Street Address:		City:
Contact number (s):		
Relationship to Child:		
Visit Details:		Frequency of Visits /Length of Visit

Length of Service:	
Who is allowed to visit the Child (ren)/ Is anyone prohibited from visiting?	
Referring Worker Name:	Worker number:
Referring Supervisor:	Supervisor number:
Regional office:	
Payment approval date:	
<b>Child(ren) Name (<i>cont</i>):</b>	
<b>Additional Details:</b>	
Description of transportation details requested to transport child(ren) to and from visit:	
How long have the children been in current placement?	
Are there any topics that should not be discussed?	
Does either parent have physical or mental health issues?	
Does either parent have any substance abuse or violence issues that may be of concerns:	
Does either parent have any criminal issues that may be of concerns?	
Does the child (ren) have any special physical or mental health issues that may be of concerns:	
Are there any cultural, ethnic, or religious considerations that may help staff better prepare for visits?	

<b>Concerns or additional comments:</b>

**Please Email to:**  
**[admin@strategicct.com](mailto:admin@strategicct.com)**

**THANK YOU!**