

**YOUTH SERVICES
RESIDENTS VISITATION FORM**

() Shelter () Group Home _____
(name of facility)

Address: _____ Phone # () _____

Dear Parent(s)/Guardian(s):

With your permission, _____ has been
(resident's full name)
granted a Weekend Visit/Day Pass/Extended Home Visit at _____
Phone # () _____.

(location of the visit)

During this visit, you will have **FULL RESPONSIBILITY** for him/her. While
in your custody, he/she is to comply with the rules of your household, and this facility's
visitation policy. Further, he/she is to comply with the established curfew of

(insert time(s))

The resident is required to phone the Facility each day that he/she is in a visitation
status. Failure to comply, in part or total, with these stated conditions may result in the
early termination of the visit, and/or the denial of future visits.

The visit begins on ___ / ___ / ___ at ___ : ___ a.m./p.m. and concludes on
___ / ___ / ___ at ___ : ___ a.m./p.m. He/she is to return to _____

_____ at the conclusion of the visit.
(name or address of return location)

Failure to return on time may result in the resident being charged with AWOP (absent
without permission), or placed in abscondence.

Signatures:

Parent(s) /Guardian(s) _____

Resident's Name _____

Administrator/Designee _____

Date: ___ / ___ / ___