Proposed Holiday Plan

Date _____

Client Name _____

Holiday Date _____

Counselor Name _____

Birth Family Information for Holidays

Name _____ Relationship _____

Address _____

Phone Number _____

Structure for Holiday

(Please list the steps structured by the family for a successful holiday. Include times, visits and transportation arrangements, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Parent Signature _____ Date _____

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Field Coordinator Signature _____ Date _____