



The Mediation Center
Finding common ground.

General Referral Form – The Family Visitation Program
Supervised Visitation and Safe Exchange

Once complete e-mail the form to - familyvisitation@mediatewnc.org .
Referral questions? Call 828-251-6089
Buncombe County extension x420. Henderson County extension x106

Date of Referral:	
Referring Agency	
Referral Source Name:	
Referral Source Phone Number:	
Referral Source E-mail:	
Custodial Parent or Guardian Name:	
Custodial Parent or Guardian Phone Number:	
Custodial Parent or Guardian Address:	
Name(s) and Age(s) of Child(ren):	
Non-custodial Parent Name:	
Non-custodial Parent Phone Number:	
Non-custodial Parent Address:	
Is either party a convicted or registered sex offender?	
Court Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach copy of current court order. If NO, BOTH parents must be in agreement to use services	Type of service requested: Supervised Visitation _____ OR Safe Exchange _____
Is this a kinship placement case?	
Does the client have past criminal charges or convictions? If YES, please list known convictions	
Reason for referral:	
Are other agencies actively involved with this case? If yes, please list:	

Family Profile	Yes/No	Additional Information
Substance abuse		
Child abuse/neglect		
Mental health issues		
Domestic violence		
Lack child dev. knowledge		
Physical health issues		
Unstable living conditions/ inadequate housing		
Developmental Disability		

Once this form is received by the Family Visitation Program, both parties will be contacted to arrange an intake appointment. Both parties must complete an intake before visitation can occur.