



The Mediation Center
Finding common ground.

40 N. French Broad
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Department of Social Services Referral Form – The Family Visitation Program
Supervised Visitation/Monitored Exchange

Once complete e-mail, fax, or send the form to **Donna Snyder, Client Services Coordinator** -
donnas@mediatewnc.org or fax #: 828-232-5140.
Questions? Call 828-251-6089 x420.

Date of Referral:	
Caseworker Name:	
Caseworker Phone Number:	
Caseworker E-mail:	
Custodial Parent or Guardian Name:	
Custodial Parent or Guardian Phone Number:	
Custodial Parent or Guardian Address:	
Name and Age 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?	
Type of service requested: <input type="checkbox"/> Court Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N If YES , attach copy of current court order. If NO , attach copy of signed visitation agreement.	Supervised Visitation _____ OR Monitored Exchange _____
Is this a kinship placement case?	
Does the client have past criminal charges or convictions? If YES , please list or attach a criminal background check	
Reason for referral:	
Is there a DSS safety plan in place?	
Are other agencies actively involved with this case? If yes, please list.	

Family Profile	Y/N	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.