



VISITATION SERVICES

Seneca's Visitation Services is a program dedicated to providing comprehensive visitation services for families, including dependents 0-18 years old within King and Pierce County. The purpose of this service is to promote stability, encourage parent-child relationship building, and provide visitation services that are planned, purposeful, and supportive. Seneca values trauma-informed and culturally-responsive services to best support the children and families we work with. Referrals can be made by community partners or self-referrals by the parent/caregiver(s). All Visitation services are provided **FREE** of charge

Supervised Visitation

- Visitation Counselor will provide 1:1 supervision, structure, interventions and safety support
- Counselors will be careful not to over-intervene and instead help strengthen the child and family relationship

Enhanced Visitation

- With a similar structure to Supervised Visitation, Enhanced Visitation will allow the Counselor to co-create a treatment plan, including child and family goals related to communication and connectedness

To submit a referral, please call (206) 948-0096

www.senecafoa.org



SENECA
FAMILY OF AGENCIES | UNCONDITIONAL CARE



Supervised Visitation Referral Form

Call: 206-948-0096; Email: senecawavisitation@senecacenter.org

Or send via confidential fax: 510-830-3596

Date of Referral:	Office Only	
Name of Referent:	INITIAL VISITATION DATE & TIME:	
Referent Phone:	STAFF ASSIGNED:	
Referent Email:	SCHEDULED BY:	
Relationship to Client:	SCHEDULED ON:	
CLIENT INFORMATION		
Name of Caregiver who has been granted visitations:		
Ethnicity:	Primary Language:	
Gender:	Pronouns:	
Address:		
Phone:	Voicemails? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:		
Who is the youth(s) currently living with? Name/Relationship:		
Phone:	Voicemails? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:	Youth(s) primary language:	
Youth's address:		
Is a social worker involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Worker Name:	
Social Worker Phone:	Social Worker Email:	
VISITATION INFORMATION		
Name of youth(s) who will be participating in the visit:		
Name:	Age	Pronouns:
Name:	Age	Pronouns:
Name:	Age	Pronouns:
Have you received guidance from the court on the level of supervision required? If so, please explain:		
Please include any supporting documents from the court when submitting the referral.		
Documents attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which Seneca office is preferred for the supervised visitation? Tukwila <input type="checkbox"/> Tacoma <input type="checkbox"/>		
Seneca cannot provide transportation. Will the client have reliable transportation to and from the clinic? Yes <input type="checkbox"/> No <input type="checkbox"/>		
BEST DAYS TO CONTACT (Check all that apply)		
M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>	
AVAILABLE VISITATION TIME (Check all that apply)		
M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>	Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>	