



# 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).

## Supervised Visitation

- **Visitation services provided FREE of charge.**
- 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

For more information or to submit a referral, contact us at our main line **206-948-0096** or our toll-free line **833-522-0137**.

[www.senecafoa.org](http://www.senecafoa.org)



**SENECA**  
FAMILY OF AGENCIES | UNCONDITIONAL CARE



**Supervised Visitation Referral Form**

Call our main line 206-948-0096 or toll-free line 833-522-0137;

Email: [senecawavisitation@senecacenter.org](mailto:senecawavisitation@senecacenter.org) Or send via confidential fax: 510-830-3596

Date of Referral:	<b>Office Only</b>	
Name of Referent:	INITIAL VISITATION DATE & TIME:	
Referent Phone:	STAFF ASSIGNED:	
Referent Email:	SCHEDULED BY:	
Relationship to Client:	SCHEDULED ON:	
<b>CLIENT INFORMATION</b>		
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:	
<b>VISITATION INFORMATION</b>		
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:		
<b>Please include any supporting documents from the court when submitting the referral.</b>		
Documents attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which Seneca office is preferred for the supervised visitation? <b>Tukwila</b> <input type="checkbox"/> <b>Tacoma</b> <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"/>		
<b>BEST DAYS TO CONTACT (Check all that apply)</b>		
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"/>	
<b>AVAILABLE VISITATION TIME (Check all that apply)</b>		
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"/>	