



**GRACE HOUSE**

ministries, inc.

*giving hope to girls in foster care*

**Visitation Form**

Resident Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Campus \_\_\_\_\_ Day Pass \_\_\_\_\_ Overnight \_\_\_\_\_ Weekend Outing \_\_\_\_\_

Requested Visitor: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

**ON-CAMPUS VISIT**

Visitation Date: \_\_\_\_\_ Visitation Time: \_\_\_\_\_

Approved Visitor's Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transportation Plan:

\_\_\_\_\_  
\_\_\_\_\_

Medication Given to resource:	Pill Count	Instructions:	Pill Count/Return
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TO BE COMPLETED BY GRACE HOUSE STAFF:**

Request Accepted: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Approving Staff Signature Date

\_\_\_\_\_  
House Parent Signing Out Date Time

\_\_\_\_\_  
Person Visiting/Picking up Date Time



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### RETURNING INFORMATION

REPORT OF VISIT, STAFF COMMENTS (Observations by staff, comments from child of family member related to visit. Please complete and return to staff **IMMEDIATELY** following visit.) **THIS SECTION MUST BE COMPLETED!!**

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\_\_\_\_\_  
House Parent Signing Child In                      Date                      Time

\_\_\_\_\_  
Person Returning Child                      Date                      Time