

**Welcome to Chehalem Youth and Family Services**  
**Chehalem Parenting Connection**

Chehalem Youth and Family Services is a local non-profit agency that has served the community for over 50 years to support healthy and safe family relationships. We are continuing to grow to meet the needs of the public in areas that may otherwise be difficult to find service. In light of this, Chehalem Youth and Family Services welcomes you to **Chehalem Parenting Connection: Supervised Parenting and Exchange** at our Newberg location.

**Fees for Services:**

Intake with custodial party and children: \$75

Intake with non-custodial party: \$75

**Supervised Parenting Visits: \$60/hour**

Supervised Exchanges: \$60 per exchange

*\*Sliding Scale Available*

**Time of Service:**

Monday-Friday: 9am-7pm

Saturday: 9am-8pm

Sunday: 9am-7pm

**Location of Service:**

100 E. 5<sup>th</sup> St. Newberg, OR 97132

We look forward to meeting you at your Intake Appointment and providing your family with a safe and structured environment for supervised visits or exchanges.

Chehalem Youth & Family Services

Office: 503-538-9465

Cell: 503-673-2937

Email: [amcdonagh@cyfs.net](mailto:amcdonagh@cyfs.net) or [supervisedvisitation@cyfs.net](mailto:supervisedvisitation@cyfs.net)

Dear Parent:

Thank you for your interest in Chehalem Youth and Family's Supervised Parenting and Safe Exchange program. This letter will help you know the important steps in our process in order to get your services started as quickly as possible.

Each party must complete an orientation before visitation can begin. To proceed with your orientation, you will need to:

- 1. Provide a copy of your most recent court order and/or restraining order if you have one.** We do not require a court order to use our services.
- 2. Complete the Parent Information Intake Packet.** Please do not leave anything blank. Do your best to provide as much availability for scheduling visiting times as possible.
- 3. Submit your \$75 intake registration fee.** We accept cash, card, and check.

Once you have completed your intake packet, please call the Program Coordinator at 503-673-2937 to schedule your orientation. After **BOTH** party's orientations are complete and the \$75 non-refundable fee per person is paid, you will be scheduled as promptly as possible for the first parenting time session or safe exchange with your child/children.

Thank you,

Chehalem Youth and Family Services  
Chehalem Parenting Connection and Safe Exchange  
100 E. 5<sup>th</sup> St. Newberg, OR 97132  
Office: 503-538-9465  
Cell: 503-673-2937

**Chehalem Youth and Family Services**

**Chehalem Parenting Connection**

**100 E. 5<sup>th</sup> St.**

**Newberg, OR 97132**

**503-538-9465**

**Supervisedvisitation@cyfs.net**

**AGREEMENT FOR SERVICE**

**PARTIES AGREE TO THE FOLLOWING TERMS AND CONDITIONS**

IT IS AGREED THAT ALL PARTIES WILL MAKE EVERY EFFORT TO ENSURE CHILDREN HAVE AN ENJOYABLE AND SAFE VISIT.

**1. SAFETY**

- a) The visiting party will not have consumed illicit drugs or alcohol prior to the visit.
- b) Weapons are not permitted on site.
- c) Staff reserves the right to check all parcels and baggage.
- d) CYFS prohibits the use of verbal aggression (e.g. profanity, abusive language, etc.), physical aggression, or acts of intimidation towards children and/or staff.
- e) The visiting party is required to visit or wait in the assigned area and they must remain in this area until notified by staff.
- f) The custodial party and children are to meet the supervisor outside of the building at the exact arrival and departure times.
- g) Both parties are to arrive and depart at the specified visiting times. Arrival and departure times of the parties are staggered by **15 minutes**.
- h) The visiting party may not leave the building during their supervised parenting time.
- i) Only in the event of an emergency will staff remove children from the building, unless previously agreed to by the custodial party.
- j) The custodial party is required to leave a contact number where they can be reached during the visiting time.
- k) Visitation will be terminated immediately if there is evidence of abuse, threats, or disrespect of the children or staff.
- l) The visiting party is responsible for the children's behavior during the visit. If the children's behavior is beyond their control, the staff has the authority to terminate the visit.
- m) If contact appears too stressful or traumatic for the children, staff has the authority to terminate the visit.

## 2. MEDICATION

- a) Written consent from the custodial party is required for the visiting party to administer any medication.
- b) CYFS will not be responsible for the administration of medication.

## 3. SCHEDULING

- a) The frequency and duration of visits will be subject to the availability of CYFS.
- b) All parties are required to arrive and depart from CYFS at precisely the prearranged times. Repeated lateness could result in service being discontinued.
- c) CYFS is closed on all major holidays. Visitations on some holidays may be scheduled at an additional cost.

## 4. CANCELLATIONS

- a) If cancellation of parenting time is necessary, the canceling party must notify CYFS **within 48 hours** of the scheduled visit. The canceling party will incur the full fee of visitation if they fail to notify CYFS at least 48 hours prior to the scheduled visit.
- b) When it is necessary for a visit to be canceled, the canceling party may make arrangements for a make-up visit by calling CYFS on the next business day.
- c) If either party is more than **15 minutes** late to the session, the children will be returned home with the custodial party. The full fee of the visit will be incurred by the late party.

## 5. GUESTS

- a) Guests are not allowed to attend the visit unless court-ordered or pre-approved by the custodial party.
- b) The visiting party must submit to CYFS in writing the requested guest's name and relationship at least 72 hours in advance.
- c) If the guest is approved, the visiting party must contact CYFS 72 hours in advance to notify the supervisor of the guest's attendance.

## 6. VISITING PARTY GUIDELINES

- a) Supervised parenting time will **focus on the present** so that the child experiences a calm and pleasurable visit. References to past or future events/plans should be avoided in discussions with the child. (Past events may have caused stress/trauma and the child may be uncertain about the future).
- b) The visiting party may invite, but not demand or coerce, physical contact with the child.
- c) The visiting party is not to be alone with the child.
- d) The supervisor will stay within sight and sound of the visiting party at all times.

- e) The visiting party may not speak a foreign language during the visit. Whispering is not allowed. Passing notes is not allowed unless openly shown to the supervisor for approval. The supervisor will be documenting the visit at all times and must be able to fully understand all parties.
- f) The visiting party may not speak ill of the custodial party, their relatives, friends, or loved ones.
- g) The visiting party is not to ask children for information about where they go to school, where they live, or any other identifying information.
- h) The visiting party shall be responsible for the clean-up of toys, food and beverages, and tables at the end of the visit.
- i) No adult matters may be discussed in the children's presence, such as court proceedings, living arrangements, or unsupervised visits.
- j) Video and audio recording is not permitted without the consent of the supervisor.
- k) The visiting party is not allowed to bring gifts/toys or other items to be sent home with the child unless it is agreed upon by all parties in advance.
- l) The visiting party is not allowed to bring food or drinks unless it has been agreed upon by all parties.
- m) The visiting party shall not engage CYFS staff in conversations regarding legal issues, court orders, or the other party. Staff will remain neutral at all times. The visiting party shall consult their attorney for any inquiries about the case.
- n) The visiting party shall not talk to supervisors about their case. Please stay focused on your children at all times.
- o) Children who are potty trained will use the restroom privately without assistance. If a child is in diapers or needs restroom assistance, the supervisor will remain in the restroom with the visiting party. All contact between the visiting party and children must remain supervised.
- p) The visiting party may not make requests as to what the supervisor records in the observation notes. The supervisor will record thorough notes throughout the duration of the visit.

## **7. FEES FOR SERVICE**

- a) Fees will be assessed to each party during intake procedures.
- b) The fee for service is payable at the beginning of the visit and a receipt will be issued.
- c) **Case management is billed at \$30/hr. Extensive time spent interacting with parties outside of the designated visitation times will be charged case management fees.**
- d) Parties may request an appointment to discuss any issues relating to visitation. Time set aside for appointments will be charged case management fees.
- e) **Copies of observation notes must be paid for in advance at \$25/record.**

## 8. COURT FEES

- a) If a supervisor is subpoenaed to court, a \$500 retainer must be paid by the issuing party one week in advance of the scheduled court appearance.
- b) The issuing party will be billed at \$75/hour against the retainer for all court-related services including communication, travel, mileage, waiting time, preparation, file review, and testimony. Fees apply for each subpoenaed court date.
- c) **CYFS staff makes no judgments, diagnoses, or recommendations/suggestions for court.** Supervisors can only speak from the observation notes recorded during visitation.

## 9. WITHDRAWING SERVICE

- a) CYFS reserves the right to refuse access, cancel, or terminate visits when there exists a violation of the Agreement of Service by one or both parties, or when staff feels that visitation is not in the best interest of the children and/or others involved with CYFS.
- b) CYFS reserves the right to refuse access, cancel, or terminate visits when ongoing contact appears too stressful or traumatic for the child or when CYFS determines that a case places an undue demand on the center's resources.

## 10. IN ADDITION

- a) The Supervised Visitation program's first priority is the safety and comfort of the child.
- b) CYFS is committed to assuring that scheduling occurs in compliance with court orders and that the visiting party is able to take full advantage of their family time together.
- c) CYFS staff is impartial to the visitation case. The staff is neutral and unbiased.
- d) **All personal client information will remain confidential.** Addresses, phone numbers, locations, private names, and other personal information will not be released except when required by legislation or subpoenaed by a court official. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection to the CPS; informing someone in a position of authority if a client is in imminent danger of harming themselves or others; or, providing information as directed by the courts through subpoena, search warrant, or other legal order.
- e) The custodial party should not bring sick children to visitation; fever, diarrhea, vomiting, rash, etc. All parties should also be free from contagious conditions and remain symptom-free for 24 hours.
- f) The custodial party is required to supply clothing, bottles, formula, or whatever else is needed for good care of the children during the visit. A well-loved stuffed toy, blanket, or game can be sent with the children to facilitate their emotional comfort while at CYFS.
- g) Parties are not to ask personal questions of CYFS staff, nor are they to offer gifts, food, or drink to staff.
- h) Parties are not to involve the staff in discussions disparaging the other party, providing personal information regarding the other party, getting staff to try and "take sides", or discussing their opinion of the court's orders.

- i) CYFS may modify or change rules and guidelines to accommodate successful visits.

**11. COMPLAINT PROCEDURE**

Problems or concerns regarding Supervised Parenting services should be discussed with the respective staff member/supervisor. If unresolved, the complaint can be addressed in accordance with the client complaint procedure of the sponsoring agency, Chehalem Youth and Family Services.

Chehalem Parenting Connection is operated by Chehalem Youth and Family Services. Our responsibility is to ensure a safe visit for all parties. We strive to provide services in a sensitive and thoughtful manner, reflective of our concern for the well-being of children and families. At any time should you have a question or concern regarding the service you receive, we would appreciate hearing about these. We encourage you to contact the Program Coordinator and/or our Quality Assurance Department.

I have read the AGREEMENT FOR SERVICE and I agree to comply with these policies. I understand failure to comply may result in the immediate withdrawal of the service being offered.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

**Chehalem Parenting Connection**  
**SUPERVISED PARENTING INTAKE FORM**

**Name:** Click here to enter text.    **Gender:**    Male    Female

**Address:** Click here to enter text.

**Home Phone:** Click here to enter text. **Ok to leave a message?**    YES    NO

**Cell Phone:** Click here to enter text. **Ok to leave a message?**    YES    NO

**Email Address:** Click here to enter text.

**Vehicle Make, Model, and Color:** Click here to enter text.

**Driver License:** Click here to enter text.

**CHILDREN INVOLVED:**

Full Name	Date of Birth	Gender
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female

Do any children involved have current medical conditions which may affect visitation? Y / N

Do any children have allergies that may affect visitation? (Food, etc.) Y / N

If yes to either of the above, please explain: Click here to enter text.

Has anyone in this family received mental health services? (Therapy, treatment, etc.) Y / N

If yes, please explain: Click here to enter text.

Name / Agency of Mental Health Provider: Click here to enter text.

Mental Health Provider Phone Number: Click here to enter text.

Other special needs to be considered during supervised parenting time (Language, cultural, etc.):

Click here to enter text.

Have you had previous supervised visitation arrangements? Y / N

If yes, at what agency? Click here to enter text.



What is the status of visits? (Continuing, ended, etc.): [Click here to enter text.](#)

Length of time since most recent visit: [Click here to enter text.](#)

Custody: Mother Father Joint Other: (please specify) [Click here to enter text.](#)

Does this family have a separation agreement? Y / N

Is there a Restraining Order/FAPA involved in this case? Y / N

If yes, please attach a **copy** of the order

Is there a Parenting Plan assigned by the court in this case? Y / N

If yes, please attach a **copy** of the Parenting Plan

Are legal proceedings continuing? Y / N

If yes, when is the next scheduled court date? [Click here to enter a date.](#)

Who is responsible for making payments for supervised parenting time?

Visiting Party Custodial Party  Both Parties

Who were you referred by? [Click here to enter text.](#)

Reasons for Referral:

Spousal assault

Concerns regarding physical, sexual, and/or emotional abuse of the child

Concerns regarding parenting ability

History of psychiatric illness

History of drug or alcohol abuse

Concerns regarding abduction

Unresolved conflict between parents or others

Other (specify): [Click here to enter text.](#)

Please explain all of the above checked referral reasons: [Click here to enter text.](#)

Please describe your expectations and goals for parenting time: [Click here to enter text.](#)

Please describe any other concerns regarding parenting time: [Click here to enter text.](#)

**AVAILABILITY:**

Chehalem Youth and Family Services will review your availability and preferences, taking into consideration the children’s activities and needs. However, CYFS determines the supervised parenting schedule times based on program availability and court order.

<b>CYFS HOURS</b>	<b>YOUR AVAILABILITY</b>	<b>REASON IF UNAVAILABLE</b>
<b>Monday: 9 am – 7 pm</b>	Click here to enter text.	Click here to enter text.
<b>Tuesday: 9 am – 7 pm</b>	Click here to enter text.	Click here to enter text.
<b>Wednesday: 9 am – 7 pm</b>	Click here to enter text.	Click here to enter text.
<b>Thursday: 9 am – 7 pm</b>	Click here to enter text.	Click here to enter text.
<b>Friday: 9 am – 8 pm</b>	Click here to enter text.	Click here to enter text.
<b>Saturday: 9 am – 8 pm</b>	Click here to enter text.	Click here to enter text.
<b>Sunday: 9 am – 7 pm</b>	Click here to enter text.	Click here to enter text.

**CLIENT SIGNATURE:** Click here to enter text.  
(Typed accepted until intake appointment)

**DATE:** Click here to enter a date.

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**OFFICE USE ONLY:**

Service Decision:

PROVIDE SERVICE AS REQUESTED \_\_\_\_\_

NO PROVISION OF SERVICES \_\_\_\_\_

If “NO PROVISION OF SERVICE”, indicate the reason:

The custodial party refused to comply with the intake process \_\_\_\_\_

The visiting party refused to comply with the intake process \_\_\_\_\_

Program unable to accommodate requests made by referral sources \_\_\_\_\_

Referral inappropriate for the program \_\_\_\_\_

Other \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Chehalem Parenting Connection**

**Special Policy Agreement: Supervised Parenting Camera Use**

Unless otherwise stated by court order, the use of a camera will be permitted during parenting time pending the following stipulations:

- Permission to use a camera will be allowed during visits as long as the visiting party has adequately followed CYFS policy – including timely arrival and departure and payment procedure.
- All photographs taken will be viewed by the supervisor before the visiting party leaves the premises and any suspicious or inappropriate photographs will be deleted with explanation and documentation.
- Camera privileges will be suspended under the following circumstances:
  - A lapse in following policy (late arrival, failure to pay, or cause to cancel a visit)
  - More than one suspicious photo must be deleted by the supervisor. In this instance, the circumstances will be discussed with the custodial parent and the supervisor as to whether or not to continue camera privileges.

This special policy agreement is understood to be a privilege for the visiting party. CYFS and the custodial party reserve the right to revoke this privilege at their discretion and with adequate reasoning. If a camera is brought to a visit without permission and/or above stipulations met, it will be stored in a safe place until the end of the visit and returned to its owner.

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Chehalem Parenting Connection**  
**Special Policy Agreement: Snacks and Meals**

Chehalem Youth and Family Services understands the need for snacks/meals to be part of some visitation schedules. Unless otherwise stated by court order, food provided during a visit must be pre-approved by the custodial party. Food brought to the visit by the visiting party must be purchased from the store and sealed in original packaging.

The custodial party may choose to send food to the visit or pre-authorize the visiting party to provide food.

CYFS and the custodial parent reserve the right to revoke this agreement at their discretion and with adequate reasoning. If food is brought to a visit without permission and/or above stipulations met, it will be stored in a safe place until the end of the visit and returned to its owner.

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Chehalem Parenting Connection**

**CONSENT TO DISCLOSURE OF INFORMATION**

I [Click here to enter text.](#) Of [Click here to enter text.](#)

*(Print full name)*

*(Address)*

**Consent that the staff of Chehalem Youth and Family Services:**

- A. Discuss any and all matters related to Supervised Parenting with;
- B. Release any reports and documents prepared by or received by the staff of the Supervised Parenting Program, and all information including records, documents, and other material about me and my child(ren) to:

**(Initial next to all that are relevant. Typed initials accepted until intake appt.)**

- 1. [Click here to enter text.](#)  
*(Custodial person)*
- 2. [Click here to enter text.](#)  
*(Non-custodial person)*
- 3. The Court [Click here to enter text.](#)
- 4. The lawyer representing the custodial person [Click here to enter text.](#)
- 5. The lawyer representing the non-custodial person [Click here to enter text.](#)
- 6. The lawyer representing the child(ren) [Click here to enter text.](#)
- 7. Child Protection Services [Click here to enter text.](#)
- 8. The Police [Click here to enter text.](#)
- 9. Other (must specify): [Click here to enter text.](#)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

C) I consent to a confidential review of my file contents by a review team composed of coordinators from the Supervised Parenting Staff for the purpose of a peer review to maintain service quality which includes forwarding a confidential service quality report to the Supervised Parenting Program. I understand that my access to service is in no way related to my consent to this review.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

*Expiry Date (if applicable):* [Click here to enter text.](#)

**Chehalem Parenting Connection**

**CONSENT TO PARTICIPATE**

I understand that Chehalem Youth and Family staff and volunteers will not reveal any information about me to another person or agency without consent from me. I understand that exceptions to this policy will be made if I present a danger to myself or others, or if there is any concern of child abuse, or in the case of a medical emergency. I also acknowledge that if I go to court, the court can subpoena information about me. Under these circumstances, Chehalem Youth and Family Services is required by law to release any relevant information that would assist in the situation.

I have read and reviewed with program staff the policies and guidelines of Chehalem Youth and Family Services, and I agree to follow these polices and guidelines while participating in the Chehalem Parenting Connection.

Click here to enter text.

Printed Name

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Signature

---

Staff Signature

Click here to enter text.

Date

---

Date

**Chehalem Parenting Connection**

**AUTHORIZATION FOR EMERGENCY RELEASE**

I, [Click here to enter text.](#), hereby authorize Chehalem Youth and Family Services, Supervised Parenting Program, to release the child/ren:

[Click here to enter text.](#)

to the following individual/s in any emergency situation when I cannot be reached. I understand that it is my responsibility to keep this information current, should my contacts move etc. I also understand that should the Program be unable to reach my designated contact, the Program shall be forced to release my child/ren to Emergency Services.

**EMERGENCY CONTACT/S:**

Name	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Phone Number	<a href="#">Click here to enter text.</a>
Relationship	<a href="#">Click here to enter text.</a>

Name	<a href="#">Click here to enter text.</a>
Address	<a href="#">Click here to enter text.</a>
Phone Number	<a href="#">Click here to enter text.</a>
Relationship	<a href="#">Click here to enter text.</a>

[Click here to enter text.](#)

Custodial Guardian Printed Name

\_\_\_\_\_  
Custodial Guardian Signature

[Click here to enter text.](#)

Date