



VISITATION/COMMUNICATION REQUEST

Resident: _____ Parent/Guardian: _____ Agency: _____

| If guardian approves of the individuals listed below to visit resident, please initial each approved visitor's name and sign below. Only those names with guardian initials will continue in the Visitation/Communication process. | | | | | | OFFICE ONLY | | | | | | |
|--|---------|------------------|-------|----------|--------------|--------------------|---|---|---|---|---|---|
| Full Name | Address | City, State, Zip | Phone | Relation | Restrictions | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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OFFICE USE ONLY: Staff - Initial each step as it is completed and passed. Once each step is completed, the person is considered approved for all communication: phone, mail, and visits. If a person is **not** approved, or if approval is removed at any time, **highlight in orange** and **strike through their name**. State the reason on the back of this sheet. *If there is a specific limitation, **highlight in yellow** and note the limitation in the restrictions column. (Use the back of this sheet if additional space is needed.)

1. Check DSS/DJJ and/or court ordered restrictions. *
2. Complete the *South Carolina Department of Social Services: Consent to Release Information* (DSS Form 3072)
3. Complete the *Doors to Freedom: Background Check Consent* Form [EMP05]
4. Read over and sign the *Visitation/Communication Policy* [IN13-3A]
5. Make a copy of your Government-Issued Photo ID
6. Submit a cashier's check in the amount of \$30.00 (processing fee for background check)
7. Communication/Visitation Decision letter sent (send whenever a decision is made for denial/acceptance/restrictions).[IN13-3]

Guardian Signature

Date