



Supervised Access Application Form

District of Timiskaming / District of Cochrane

Each party is required to complete and submit a separate application form.

A. DETAILS OF APPLICATION	
Application Date: <i>(dd/mm/yyyy)</i>	
Site Location:	<p>District of Timiskaming</p> <p><input type="checkbox"/> Kirkland Lake <input type="checkbox"/> Englehart <input type="checkbox"/> New Liskeard <input type="checkbox"/> North Cobalt</p> <p>District of Cochrane</p> <p><input type="checkbox"/> Timmins <input type="checkbox"/> Iroquois Falls <input type="checkbox"/> Kapuskasing</p>
Service Requested is for the supervision of:	<p><input type="checkbox"/> Visits <input type="checkbox"/> Exchanges <input type="checkbox"/> Combination Visits / Exchanges</p>
Referred by:	<p><input type="checkbox"/> Court Ordered <input type="checkbox"/> Court Recommended <input type="checkbox"/> Mediation</p> <p><input type="checkbox"/> Self-referral <input type="checkbox"/> Custodial Lawyer <input type="checkbox"/> Non-Custodial Lawyer</p> <p><input type="checkbox"/> Office of the Children's Lawyer <input type="checkbox"/> Child Welfare</p> <p><input type="checkbox"/> Other (specify):</p>
Reason for referral:	<p><input type="checkbox"/> Partner abuse</p> <p><input type="checkbox"/> Concerns regarding physical, sexual or emotional abuse of the child(ren)</p> <p><input type="checkbox"/> Concerns regarding parenting ability</p> <p><input type="checkbox"/> Non-custodial party (or other) has been absent from child(ren) for a long time</p> <p><input type="checkbox"/> History of psychiatric illness</p> <p><input type="checkbox"/> Problems with alcohol and/or drug use</p> <p><input type="checkbox"/> Concerns regarding abduction</p> <p><input type="checkbox"/> Unresolved conflict between non-custodial and custodial party</p> <p><input type="checkbox"/> Custodial party, non-custodial party, or other, interfering with access</p> <p><input type="checkbox"/> Other (specify):</p>

B. INFORMATION OF PERSON REQUESTING SERVICES

Your Name:	Last name:	First name:
Your role:	<input type="checkbox"/> Custodial Party <input type="checkbox"/> Non-Custodial Party <input type="checkbox"/> Joint-Custodial Party <input type="checkbox"/> Other (specify):	
Language Spoken:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify):	
Street Address:	Phone:	
P.O. Box:	Cell:	
City:	Email:	
Province:		
Postal Code:		
Special Considerations/ Supports for Service Delivery: Ex. Hard of hearing, low vision, reading or writing, illiteracy, mobile issues, etc.	<i>Please specify:</i>	
Allergies:	<i>Please specify:</i>	

C. LAWYER'S INFORMATION

Lawyer Name:	Last name:	First name:
Name of firm:		
Street Address:	Phone:	
P.O. Box:	Cell:	
City:	Email:	
Province:	Fax:	
Postal Code:		

D. OTHER PARENT/GUARDIAN INFORMATION

Other Parent/ Guardian Name:	Last name:	First name:
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E. PREVIOUS ACCESS ARRANGEMENTS

Length of time since last contact with child(ren):	<input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years
Type of previous access:	<input type="checkbox"/> Unsupervised <input type="checkbox"/> Supervised <input type="checkbox"/> No previous access <input type="checkbox"/> Other (specify):

F. CHILD/CHILDREN INFORMATION			
Child Name:	Last name:	First name:	
Date of birth: (dd/mm/yyyy)		Gender:	
Primary residence:	<input type="checkbox"/> With me <input type="checkbox"/> With other parent/guardian <input type="checkbox"/> Other (specify):		
Special Considerations/ Supports for Service Delivery: Ex. Hard of hearing, low vision, reading or writing, illiteracy, mobile issues, etc.	Please specify:		
Allergies:	Please specify:		

CHILD/CHILDREN INFORMATION			
Child Name:	Last name:	First name:	
Date of birth: (dd/mm/yyyy)		Gender:	
Primary residence:	<input type="checkbox"/> With me <input type="checkbox"/> With other parent/guardian <input type="checkbox"/> Other (specify):		
Special Considerations/ Supports for Service Delivery: Ex. Hard of hearing, low vision, reading or writing, illiteracy, mobile issues, etc.	Please specify:		
Allergies:	Please specify:		

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Special Considerations/ Supports for Service Delivery: Ex. Hard of hearing, low vision, reading or writing, illiteracy, mobile issues, etc.	Please specify:		
Allergies:	Please specify:		

CHILD/CHILDREN INFORMATION			
Child Name:	Last name:	First name:	

Date of birth: (dd/mm/yyyy)		Gender:	
Primary residence:	<input type="checkbox"/> With me	<input type="checkbox"/> With other parent/guardian	
	<input type="checkbox"/> Other (specify):		
Special Considerations/ Supports for Service Delivery: Ex. Hard of hearing, low vision, reading or writing, illiteracy, mobile issues, etc.	<i>Please specify:</i>		
Allergies:	<i>Please specify:</i>		

Note – For additional child/children information, please attach a separate page.

SUBMIT YOUR APPLICATION

Completed application forms can be submitted in any of the following ways:

<p>By Email</p> <p>Email: SAPreferrals@neofacs.org</p> <p><i>Note: this email address is only to be used for submitting forms. The Supervised Access Program Coordinator will not respond to any messages/inquiries sent to this address.</i></p>	<p>By Regular Mail</p> <p>North Eastern Ontario Family and Children’s Services Supervised Access Program Coordinator 707 Ross Avenue East Timmins, ON P4N 8R1</p>
<p>By Fax</p> <p>Fax: 1-705-360-7200 Attention: Supervised Access Program Coordinator North Eastern Ontario Family and Children’s Services</p>	<p>By dropping it off in person</p> <p>At any North Eastern Ontario Family and Children’s Services (NEOFACS) office. See a full list of office locations at www.neofacs.org/contact-us.</p> <p>Attention: Supervised Access Program Coordinator</p>

A copy of this application form is available to download from our website at:
www.neofacs.org/supervised-access-program

APPLICATION AND PROCESS INFORMATION

- Once we receive your application form, the Supervised Access Program Coordinator will mail you a letter to update you on the status of your application.
- In order to move forward, the other party must also submit their own application form. If the other party's application is not received within 90 days of your submission, the file will be closed. A new application form would need to be submitted to reactivate the service after a closure.
- Once both parties have submitted their application forms, the Supervised Access Program Coordinator will schedule separate intake meetings. The length of the intake process will depend on how promptly both parties can submit their application forms.
- If the Supervised Access Program Coordinator is unable to reach you due to inaccurate contact information, the file will be closed. To help us keep your file active and up to date, please promptly let us know of any changes to your contact information, such as your address or phone number.
- Each application is subject to approval by the program, and we reserve the right to restrict or limit program use.
- The frequency and duration of the visits will depend on the availability of the Supervised Access Centre. For information on visit and exchange schedules as well as fee structure, please visit our website at www.neofacs.org/supervised-access-program.
- To receive a hard copy of the application form or if you have any questions or need help completing the form, please contact the Supervised Access Program Coordinator at **1-705-360-1730 (Toll-free at 1-888-360-2112).**

Thank you for completing the application form.

The Centre strives to provide a safe and neutral setting where visits and exchanges can take place under the supervision of trained staff.

DISTRIBUTION:

Original:	Scanned and uploaded to client e-file
Copy:	Offered to the client