

PMIC CAMPUS PHONE AND VISITOR LIST

Resident's Name

AGENCY PHONE CALL GUIDELINES:

- Residents can place 2 calls per week (local or long distance) to immediate family or relatives.
- Call days should be designated to avoid confusion.
- Residents have the right to phone contact with their DHS worker, juvenile court officer, attorney and any other referring workers.
- Parents are encouraged to call regularly, once or twice a week is recommended; try to keep calls limited due to the need for phone lines to be open all and for emergencies. If incoming calls are too frequent or in some way problematic, this will be discussed with the family by the therapist.
- Calls should be 10 minutes, or less, in length.
- Incoming callers will be asked to identify themselves to the staff answering.
- No collect calls should be made to children or staff except in emergencies.
- Parents should supply names of any person with whom their child should NOT have contact.

AGENCY ON CAMPUS VISIT GUIDELINES:

- Immediate family or relatives can visit the youth on campus.
- Non-family members such as pastors, mentors, family friends can visit on campus in the present of parent(s)/guardian(s). If one of these individuals wishes to visit without parent(s)/guardian(s) present, then a background check must be completed prior to their arrival on campus. This background check may take several weeks to complete.

**Letter writing is encouraged and there is no postage limit on letters to family or relatives.

PLEASE COMPLETE THE REMAINDER OF THIS FORM BEFORE THE DAY OF ADMISSION

DAYS & TIMES FOR PLACING CALLS OUT Choose the two days you prefer for your **child** to call you

Sun Mon Tue Wed Thurs Fri Sat

Best time to call:

ADVOCATE CONTACT: Residents will be assigned a Milieu Treatment Counselor to be their Advocate. This staff member will meet weekly with the resident to review their treatment plan, help them set weekly goals and be an extra support person for the resident. The Advocate will also be conducting weekly parent contact where he/she will provide an update on the resident's progress for the week regarding unit behaviors and other pertinent treatment details.

Please expect a contact from your child's advocate within the next 7 days. He/She will then work with you to schedule a weekly advocate contact schedule. Please check if you prefer calls or emails.

Phone

Best phone number for
Parent/Guardian:

Best time to call:

Email

Parent/Guardian email:

Resident Name

Please identify immediate family or relatives that may have phone contact and/or on-campus visits.

Contact Name	Relationship	Phone #. Please denote (C)ell, (H)ome, (W)ork	Contact type allowed	
			Phone	Visit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTACT RESTRICTIONS: This would include any restrictions that involve people, mail, telephone calls, visits, etc: (Most restrictions, unless parties involved are in agreement, require a court order which must be in resident's chart). *Revisions to the original contact restriction require that people indicate their approval by initialing and dating the revision/changes column; this can be completed via phone

Name	Relationship	Restriction Reason	Child notified	Approver initials	Revision date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

CONTACT ALLOWED WITH OTHER WORKERS:

Name	Role	Phone #	Release Signed
<input type="text"/>	DHS-FSRP Worker	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Juvenile Court Officer	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Integrated Health Worker	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Attorney	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Mentor - CASA	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	Other	<input type="text"/>	<input type="checkbox"/>

Person completing form _____