

**Face-to-Face Purposeful Visit
Contact Waiver and Authorization Form**

The Social Services Case Manager (SSCM) must ensure a face-to-face purposeful visit is made every calendar month with children in the Department's custody. There are times when, due to emergency circumstances, the primary SSCM is unable to conduct the purposeful visit and a designee¹ must make the contact. The County Director may grant a waiver allowing a designee to conduct the visit. Conditions which may necessitate a waiver include, but are not limited to, staff shortages, emergency or medical leave, suspension or reassignment of cases necessary to ensure timely completion of case management and visiting responsibilities for all children in care.

I _____ (County Director) of _____ (county) grant a waiver allowing the DFCS designee identified below to conduct purposeful face-to-face visit(s) for _____ (child), date of birth _____.

This waiver is granted due to the following reasons:

Date of Approval: _____

Effective Date: _____

End Date: _____

A waiver may be in effect not more than 90 days from the effective date.

CASE INFORMATION

DFCS Primary SSCM: _____

DFCS Designee: _____

SHINES Case Number: _____

Child's Name: _____

Child's Address: _____

Signature _____

¹ A designee must be someone who is familiar with all aspects of the case and has the authority and knowledge to discuss the details of the case with the child and family. A designee is **not** a transporter, parent-aide, homestead provider, counselor, etc. For the purposes of this waiver a designee may be a DFCS Social Services Case Manager, Supervisor, Administrator, Field Program Specialist or Director.