

Community Based Services
Request for Services



**** Along with this request form, please send any copies of service plans, social history or other necessary/relevant court documents to gain more information on the family we will serve. In addition, we will also need a copy of the FAPT report approving funding. ****

Select the service requested: Visit Coaching Parent Coaching Supervised Visitation

- Visit Coaching: a relationship-based and trauma-informed method of providing supervised visitation that includes guidance and goal setting with the caregiver.
- Parent Coaching: instructional services for parents/caregivers needing to provide stabilization to the family unit.
- Supervised Visitation: supervised visitation without guidance and feedback provided by enCircle.

Please complete all applicable sections.

Parent Information

Parent Name (1): _____ Phone #: _____
Date of Birth: _____ Gender: _____ Race/Ethnicity: _____
Address: _____
Primary Language(s) Spoken: _____
Parent Name (2): _____ Phone #: _____
Date of Birth: _____ Gender: _____ Race/Ethnicity: _____
Address: _____
Primary Language(s) Spoken: _____

Visit Coaching/Supervised Visitation Service Information

Duration of Service: Three Months Six Months Other: _____
*Visit Coaching does not exceed nine months.
Frequency: Weekly Biweekly Hours Per Week: _____
During Weekday: _____ Weeknights: _____ Weekends: _____
Day/Time Preference: _____
Location of Visits: enCircle Office DSS Office Community Home

Parent Coaching Service Information

Parent Coaching Classes: Six classes scheduled for 2 hours each.
*Class times provide opportunities for teaching, meaningful discussion, participant questions, and hands-on application.
Individualized Parent Coaching Visits: Choose from the session options below.
*Personalized sessions to support unification by building parenting skills, strengthening relationships, and helping parents confidently meet goals.
 2 months (8 sessions) 4 months (16 sessions) 6 months (24 sessions)
Frequency: Weekly Biweekly Hours Per Week: _____
During Weekday: _____ Weeknights: _____ Weekends: _____
Day/Time Preference: _____
Location of Sessions: Richmond Tidewater

Locality Information

Referring Agency: _____ Phone: _____
Finance Contact: _____ Finance Email: _____
Case Manager Name: _____ Email: _____
Requestor's Signature: _____ Date: _____

Please attach contact information for all case/social workers that are involved

Child(ren) Information

First Child:

Name: _____ Date of Birth: _____
Gender: _____ Race/Ethnicity: _____
City of Temporary Care: _____ Are child(ren) placed together? _____

Second Child:

Name: _____ Date of Birth: _____
Gender: _____ Race/Ethnicity: _____
City of Temporary Care: _____ Are child(ren) placed together? _____

Third Child:

Name: _____ Date of Birth: _____
Gender: _____ Race/Ethnicity: _____
City of Temporary Care: _____ Are child(ren) placed together? _____

For additional child(ren) please use additional paper and attach

Foster Family Information

Foster Parent Name (1): _____ Phone #: _____
Date of Birth: _____ Gender: _____ Race/Ethnicity: _____
Address: _____

Foster Parent Name (2): _____ Phone #: _____
Date of Birth: _____ Gender: _____ Race/Ethnicity: _____
Email(s): _____

Notices

- *Self-Pay Client Notice: enCircle accepts personal checks for payment. However, if a check is returned due to insufficient funds, future payments must be made by money order or cashier's check. Exceptions may be considered at the discretion of Finance or Program staff in the event of unforeseen or extenuating circumstances.*
- *Health and Safety Notice: enCircle will take all necessary precautions to ensure the safety of our clients, staff, and agency representatives with whom we work. Safety steps include wearing PPE when applicable for visits being held in person or opting for virtual visits when illness requires such change.*
- *Virtual Services Notice: enCircle provides in person services; however, in the event of health and safety concerns, or extenuating circumstances, Virtual Sessions may be approved, at the discretion of enCircle's care team.*

Why is this service being requested:

Are there currently any scheduled visits? If so, please explain:

Is there any other information to be aware of regarding family dynamics, relationship status, etc.?

enCircle Internal Use Only

Case Assigned To: _____

Phone Number: _____ Service Start Date: _____

Supervisor Signature: _____ Date: _____