

Supervised Access Services
A Bridge to your Family's Future

**Supervised Parenting Time Program Agreement of Terms
Temporary COVID-19 Pandemic Video Visitation**

File Number: _____

I am the:

Residential Party

Visiting Party

Fees charged by the Program shall be paid as follows:

(i) Visitation fee (**\$25 – 30 Minute Block**, subject to change) shall be paid by:

the Visiting Parent (%) and the Residential Parent (%)

(ii) Visitation fee (**\$50 – 50 Minute Block**, subject to change) shall be paid by:

the Visiting Parent (%) and the Residential Parent (%)

(iii) Fees for observation reports shall be paid by:

the person ordering the report(s)

the Visiting Parent (%) and the Residential Parent (%)

(iv) Late cancellation fee (cancelled within 24 hours of scheduled visit) - **\$30**

To be paid by the party who incurs the fee regardless of fee responsibility agreement

(v) No show - **\$30**

To be paid by the party who incurs the fee regardless of fee responsibility agreement

Yes, I understand the fee structure

Location Requirements

All participating parties must identify a location or locations that will be used to participate in the video conference. Locations must meet the following criteria:

- A room with door and suitable to ensure privacy for both parties
- A private home or hotel room
- Not a public space such as a restaurant, bar or recreation area
- Not to be from a vehicle or other form of transport
- Visual surroundings must be appropriate for the child to view

Yes, I confirm I have an appropriate space for video access.



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I will use _____ for the virtual access
(please note specifically what room/space will be used)

The policy and procedure for the Supervised Video Visitation is developed to mirror the same caution and care that is giving during the Supervised Visitation and Exchange services.

- *Parties including authorized guest are not to discuss past events or to make future plans especially in terms of future access arrangement*
- *Parties including authorized guest are not to speak ill of the other parent or his or her relatives, friends or loved ones*
- *Parties including authorized guest are not to question the child about the other parent, their household, friends, income and/or activities.*
- *Parties including authorized guest are not to ask the child for information about where they go to school, where they live or any other identifying information.*
- *The Access Centre reserves the right to cancel or terminate the use of the Supervised Communication Exchange service when there exists a violation of the Agreement for Service or when the Program Coordinator or staff feel it is not in the best interest of the children and/or others involved with the Access Centre.*

Please note that it is highly recommended that you seek the advice of legal counsel prior to signing this agreement.

**Client information is confidential and cannot be released without written informed consent, except when required by legislation or directed by the courts. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection to the Children's Aid Society; informing someone in a position of authority if a client is in imminent danger of harming themselves or others; or, providing information as directed by the courts through subpoena, search warrant or other legal order.*

Name of Party (please print): _____

Signature of Party: _____ **Date:** _____

Please complete in full and return by email to
Supervised.access@socialenterprise.ca