



BOULDER COUNTY CCAP- CHILD VISITATION FORM

This form is required for children requesting CCAP care that have visitation with a parent who lives outside your home. Please complete the information below regarding visitation.

Child's name: please list all children in home requesting CCAP care:	Is there a visitation agreement for this child?		Is the visitation agreement court ordered for this child?	
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

***Please provide copies or any COURT ORDERED VISITATION documents that you have for any child requesting CCAP care. ***

VISITATION SCHEDULE: If you have a visitation agreement and do not have Court Ordered Documentation please complete the Visitation Schedule below for each child that has visitation with a parent outside your home. Note if there are children with different parents outside your home, you must complete a separate schedule sheet for each non-custodial parent to sign.

Child Name		MON	TUES	WED	THUR	FRI	SAT	SUN
1.	MOTHER							
	FATHER							
2.	MOTHER							
	FATHER							
3.	MOTHER							
	FATHER							
4.	MOTHER							
	FATHER							

Please include any other information about your visitation schedule that is more specific (ie. Variable schedule, rotating schedule, every other week, etc.)

CCAP Parent Signature/ Date

Non-Custodial Parent Signature/Date

Please return completed form to Boulder County CCAP at 515 Coffman Avenue, Longmont CO 80501, or email to ccap@bouldercounty.org. Please call 303.441.1000 if you have any questions.