



Visitation Agreement, Authorized Visitors List

Adolescent Program (13-17)

The **“Guardian”**, _____ (Name of Guardian); an authorized representative of, _____ (DSS Locality), grants **Gemini Transitional Homes, LLC** (The "Facility"), authority to manage visitation arrangements for the resident in accordance with the Facility's policies and the best interests of the resident. The visitation terms are outlined as follows:

- **Visitation Location:**

- On-site visits only (subject to Facility schedule and supervision as necessary).
- Off-site visits (pre-approved by the Facility and subject to applicable conditions).

- **Visitation Frequency:**

- Regularly scheduled visits will occur at the following intervals (e.g., weekly, bi-weekly):
- Special or unscheduled visits may be allowed upon prior approval by the Facility.

- **Authorized Visitors:**

The following individuals are authorized to visit the resident:

1. _____
2. _____
3. _____

- **Unauthorized Visitors:**

The following individuals are NOT authorized to visit/contact the resident:

1. _____
2. _____

Note: Additional visitors must be pre-approved by the Facility. Unauthorized visitors will not be permitted access.

- **Conditions of Visitation:**

- Visitors must adhere to all Facility rules and policies, including but not limited to check-in procedures, supervision requirements, and behavioral expectations.

- The Facility reserves the right to deny or terminate visits if the behavior of the visitor(s) or the resident is disruptive, unsafe, or violates established rules.
- **Overnight or Extended Visitation:**
 - Overnight or extended visitation requests must be submitted to the Facility in writing at least **5** days in advance for review and approval.
 - Residents must provide details regarding the duration, location, and purpose of the extended visit and permission will be granted in writing from the “Guardian” to conduct such visit prior to approval of the GTH program director.
- **Contact During Visitation:**
 - The Facility staff may periodically check in with the resident or visitors to ensure that the visit remains positive and compliant with program guidelines.
- **Transportation for Visitation:**
 - Transportation for visits is the responsibility of the Guardian unless otherwise arranged with the Facility. Requests for Facility-provided transportation must be made in advance and are subject to approval.
- **Special Circumstances:**
 - Visits for holidays, birthdays, or other special occasions must be pre-arranged with the Facility. Additional rules may apply depending on the nature of the event.
 - Virtual visits may be allowed under specific circumstances (e.g., long-distance relatives or illness) upon approval of the “Guardian”.
- **Restrictions:**

If there are any specific restrictions or special requests regarding visits, they must be detailed here:

By signing below, the “Guardian” acknowledges and agrees that visitation privileges are intended to support the resident’s well-being and progress within the program. All visitation arrangements are subject to change based on the resident’s behavior, safety considerations, and the recommendations of the Facility.

Signature of Applicable Guardian: _____ Date: _____