



Visitation Guidelines & Policies

Approved Visitors:

1. **Clients must be in Phase 2 of their respective communities to receive visitors.**
2. All visitors 18 years of age or older must be pre-approved by the client's counselor and the SUD Supervisor.
3. All visitors must complete a visitor application and acknowledge that they received the Visitor Rules one week prior to the scheduled visit.
4. Visitor's over 18 years of age must have a valid picture ID.
5. Visitor's less than 18 years of age must be accompanied by an adult that is an approved visitor.
6. Prior ABHS clients who have been in services in the past 2 years are not allowed to visit current clients.

VISITATION RULES

1. All visitors must adhere to appropriate clothing attire. Clothing will be free of reference of obscenity, alcohol, drugs, violence, or sex of any form.
 - a. No hats, bandanas, gloves, gang related attire, scantily clothed or drug related clothing.
 - b. No hooded clothing is allowed.
 - c. Clothing will not reveal breasts, undergarments, cleavage, stomach/midriff, bare chest or back including when arms are raised.
2. All visitors will empty their pockets in front of staff to verify no contraband is being brought in.
3. If a child brings in a toy or game to play with, it must be searched by staff.
 - a. Visitors may bring in one extra diaper and wipes for toddlers not an entire diaper bag.
4. Any personal items must be left in their car.
 - a. Cell phones, purses, backpacks, books, magazines, food, etc.
5. **Visitors will remain in the visiting area during their visit. If they need to leave the visiting area for any reason the visit will be concluded and they will not be allowed back in.**
6. All visitors will be asked to take care of personal issues prior to meeting with clients.
 - a. Bathroom breaks and smoke breaks are not allowed.
 - b. The only exceptions are for small children, pregnant women and the elderly who need to use the restroom. May be subject to an additional search.
7. Young children must be accompanied by and monitored by an adult visitor at all times.
8. Clients are allowed to hold hands with their visitor during the visit. No other personal contact will be tolerated.
9. A max of 2 adult visitors will be allowed to visit at one time. There is no limit on children.
10. Visits with adults will not last longer than 90 minutes.
 - a. Once one adult leaves another adult may visit with the client as long as their time does not exceed the maximum for adults or go past the visitation hours.
11. Young children will be allowed to stay beyond the allotted time as long as they are accompanied by an adult if it an approved court ordered visit.
12. Service animals must meet the requirements of the American's with Disabilities Act (ADA). Support animals and in-training service animals DO NOT meet the requirements of the ADA and will not be allowed.
13. All clients will be pat searched when they have completed their visitation before they are allowed back on their floor.

VISITOR SEARCH REQUIREMENTS

1. Visitors may be subjected to a “Container Search”, “Electronic Search”, “Vehicle Search”, or “Pat Search”.
2. Visitors will be subject to a criminal background check through WSP/DOC.
3. Visitors have the option of submitting to the requested search **OR** of immediately leaving the facility. If a visitor refuses to submit to a search, which is properly authorized, he/she will be escorted from the facility and law enforcement will be notified of any suspected criminal activity.
4. If a visitor opts to leave the facility without having been searched, they may be subject to denial of entrance to the facility for a period of 90 days. A second refusal to be searched may result in permanent denial of access.
5. If a visitor is searched and found to be in possession of contraband, they may be subject to permanent denial of access. They may also be requested to remain in the immediate area of contraband discovery pending the arrival of law enforcement.

I HEREBY ACKNOWLEDGE REVIEW of the VISITATION RULES AND THE SEARCH REQUIREMENTS.

My Signature indicates that I understand and will abide by these guidelines and rules:

Visitor Name (Please print): _____ D.O.B. _____

Visitor Signature: _____ Date: _____

Client Name (Please print): _____

Client Signature: _____ Date: _____

FOR OFFICE USE ONLY

Visitation approved by:

Counselor

Date

SUD Supervisor

Date

Client Name (Please Print)

Please send this application to the attention of visit personnel at the facility. DO NOT RETURN TO CLIENT.

For the health and safety of our clients, we ask that all visitors complete an Application for Visit Approval.

You will be notified by the Client if and when you are approved to visit. If you are approved for visits, you should be aware that specific dress standards apply. Prior to your first visit at any facility, please check with the Client or facility for Visitor’s Guidelines.

READ CAREFULLY: All questions MUST be answered. Any omission or falsification of this application will be sufficient reason to deny or cancel visiting privileges. Visitors under the age of 18 must have a Parent/Guardian Approval for Visiting. Minors will be accompanied during the visit by a parent or legal guardian.

Name (First, MI, Last)		Date of Birth	Place of Birth		
Address (Street)		(City)	(State)	(Zip code)	
Telephone Number ()	ID Type (i.e. Driver’s License)	ID Number			
Alias, Maiden or Other Names					
Height	Weight	Eyes	Hair	Gender	Race

Relationship to Client: I am the Client’s _____ (e.g., mother, wife, friend, etc.)

Have you ever been involved in illegal or criminal activity with this offender? Yes No. If “yes”, when and where?

Are you presently under active supervision by any state or local criminal justice entity? Yes No

If “yes”, you must be an immediate family member and submit with this questionnaire written permission to visit from your supervising authority.

Are you presently approved to visit any other Client?
 Yes No. If “yes”, please list name, date, relationship, and location:

Have you ever been approved to visit any other Client?
 Yes No. If “yes”, please list name, date, relationship, and location:

NOTE: You may not visit clients at more than one facility unless you have the approval of the Directors of the applicable facilities.

Have you ever been convicted of a felony? Yes No.
 If “yes”, when and where?

Are you now, or have you ever been, employed by ABHS or the Washington Department of Corrections (DOC) or by a current/former contractor or volunteered for ABHS/DOC?
 Yes No Unknown. If “yes”, where did you work and when?

Have you ever been incarcerated in the Department of Corrections?

Yes No Release Date: _____

Number of months you have known Client: _____

Have you ever been denied visiting privileges at any ABHS or DOC facility? Yes No. If “yes”, when, where and why?

IN CASE OF EMERGENCY, CALL:
NAME: _____
TELEPHONE NUMBER: _____
MEDICAL INFORMATION (Optional)