

Name: _____

RESIDENTIAL PARENTING PROGRAM COMMUNITY VISIT AUTHORIZATION

DOC number:

I authorize my child(ren) to leave the facility with the approved person per DOC 590.320 Residential Parenting Program. Persons must be approved by Child Protective Services and the Residential Parenting Program (RPP) Correctional Unit Supervisor (CUS). I understand the child(ren) will not be under the Department's or my supervision while the child(ren) is with the person. The Department will not be held liable or responsible for the child(ren) during the community visit.

Child(ren):				
Name:		Phone:	Phone:	
Date and time of visit:		Return date and time:		
Destination:				
Purpose:				
Signature	Date			
RPP CUS	Signature		Date	
required to be in a child	n picking the child(ren) up from the I restraint system when being trans orted in the back seat of the vehicle	sported in a vehicle pe	r RCW 46.61.687.	
Departure: The child	(ren) is expected to be returned	to the facility on	at	
Name	Signature	Date	Time	
Return:				
Name	Signature	Date	Time	
	nay be eligible for public disclosure. Social Sec such a request. This form is governed by Execu			
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