**AHCC EFV SCHEDULE REQUEST**

**INCARCERATED INDIVIDUAL INFORMATION**

Incarcerated Individual Name\*

First Name

Last Name

DOC #

**VISITOR INFORMATION**

How many visitors are included in this visit?

Visitor Number 1(Primary)\*

First Name

Last Name

Email

Phone Number

Physical Mailing address

Visitor Number 2

First Name

Last Name

Visitor Number 3

First Name

Last Name

Does a visitor require a reasonable accommodation be provided for a disability on the day of their scheduled EFV? YES NO \*If yes please explain below.

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**Appointment Request Details**

You must select at least one (1) visit appointment date/time. Selecting additional visit appointment dates/and or times is recommended in case your first choice(s) are unavailable. If none of your choices are available, the facility will notify you and request you submit this form again with different dates and or times.

Only one visit will be scheduled at a time. An Individual may not have an EFV more frequently than every 30 days. The 30 days will be calculated from the last day of the most recent/present EFV, If applicable. An Individual may apply for a another EFV visit after completion of a previously scheduled visit.

You will be notified of the approved scheduled visit time or the need to select from other dates via email. Visit appointments are assigned on a first-come-first-served basis.

**Medical Information**

Visitors are required to document any newly prescribed medication on DOC 16-102 Visitor medication Questionnaire and send the form to the facility CPM of Programs Secretary. The Facility must receive the form 7 days prior to the visit. For all other medical information please see OM 590.100.



**EFV Orientation/Process**

Before the first visit, all participants will receive a program orientation that will include an explanation of the rules and procedures and sign DOC 21-665 Extended Family Visit EFV Orientation. You can complete orientation at your next scheduled in person visit. \*You cannot have an EFV visit without this portion being completed.

Have all Participants received orientation? YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| Visitation Days | Visitation Sessions | Visitation check in times | Visitation Check out times |
| Friday – Monday | 24HR OR 48HR | 11:10 or 3:30 | 11:30 or 3:45  \*Monday Checkout by 11:30 Main Facility only. |

**Please note that we will be prioritizing cancelled EFV visits from 2020. We are projected out 2-3 months before AHCC will schedule new requests for EFV’s in the MAIN and 2 weeks for the MSU.**

First Choice Visit Appointment

Date/Time

Second Choice Visit Appointment

Date/Time

Third Choice Visit Appointment

Date/Time

Fourth Choice Visit Appointment

Date/Time

SUBMIT TO EMAIL: [docahccvisitationform@doc1.wa.gov](mailto:docahccvisitationform@doc1.wa.gov?subject=EFV) with a SUBJECT of: EFV.

-We will be sending out an email once your EFV is approved with the Date and time selected.

-Please refer to the DOC.WA.GOV website for the EFV Covid-19 Guidelines.

Thank you, AHCC Visitation