



# HOME VISITOR LOG

Community Parenting Alternative     Graduated Reentry

Name \_\_\_\_\_ DOC number \_\_\_\_\_ Case manager/Corrections Specialist \_\_\_\_\_

DATE	NAME Last, First, Middle Initial	RELATIONSHIP TO YOU	DOB	TIME IN/OUT	CONTACT NUMBER	CRIMINAL RECORD	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

All visitors must be logged. A visitor is anyone who has not been reported to your case manager/Corrections Specialist as a resident of the home. I verify that this information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

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The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file