RESIDENTIAL PARENTING PROGRAM
COMMUNITY VISIT AUTHORIZATION

Name: ____________________________________________  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: _____________
Date and time of visit: ___________________________  Return date and time: ________
Destination: _________________________________
Purpose: ______________________________________

Signature __________________________  Date __________

RPP CUS ______________________________________  Signature __________________________  Date __________

AUTHORIZATION AND RELEASE

As the approved person picking the child(ren) up from the facility, I understand the child(ren) is required to be in a child restraint system when being transported in a vehicle per RCW 46.61.687. Children will be transported in the back seat of the vehicle when practical to do so.

Departure: The child(ren) is expected to be returned to the facility on _____ at _____

Name ________________________________  Signature __________________________  Date __________  Time ______

Return:

Name ________________________________  Signature __________________________  Date __________  Time ______

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.

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