Supervised Parenting Time No-Show Policy

Availability of Facilities and Staff: Family Connections provides facilities and paid staff for all scheduled supervised parenting times. Failure to attend a scheduled session results in staff and the other party waiting unnecessarily.

Definition of a "No Show": A "No Show" is defined as failing to arrive, enter the building, and making the required payment within 15 minutes of the scheduled start time of the supervised parenting session. Additionally, failure to notify Family Connections at least 24 hours in advance of the scheduled session will also be considered a "No Show."

Arrival and Payment: You are expected to arrive, enter the building, and make your payment within 15 minutes of the scheduled start time. Staff will retrieve the children from the caregiver within this time frame. If the caregiver is not present within 15 minutes, they are free to leave.

Notification of Absence: If you are unable to attend the scheduled supervised parenting time, you must notify Family Connections at least 24 hours in advance by calling 260-426-9999 or contacting the assigned worker. Always contact your worker first.

Fees for No Shows:

Non-Custodial Parent: If the visiting (non-custodial) parent is responsible for the "No Show," a fee of $60 (for 1 hour of supervised parenting time) or $90 (for Therapeutic Supervised Parenting Time) will be charged. If this fee is not paid before the next visit, the visits will be put on hold until payment is made.

Custodial Parent: If the caregiver (custodial parent) is responsible for the "No Show," a fee of $60 (for 1 hour of supervised parenting time) or $90 (for Therapeutic Supervised Parenting Time) will be charged. If this fee is not paid promptly, a report will be made to the courts, and visits may be placed on hold until payment is received. If the caregiver is late, they may be required to pay a portion of the visit fee (e.g., 10 minutes late = $10 owed).

Payment at Sessions: Family Connections allows clients to make payments at the beginning of each session.

Client Name: _____   Date: _____ Signature: _____

Client Name: _____   Date: _____ Signature: _____

Staff Name: _____   Date: _____ Signature: _____