

**Child Access and Visitation Grant
Local Service Provider Survey**

Name of State:

Grant Amount from State:

\$ _____

**Services Provided
in
Federal Fiscal Year
(Check One)**

FFY 2003

FFY 2005

FFY 2004

A. Service Provider

- Name of designated service provider

- Street address

- City, state, & zip code

- Telephone number

- E-mail address

- Fax number

B. Project Activities

<p>Identify the activities below undertaken by your service agency with funds from the child Access and Visitation Grant Program. Indicate which activities are mandatory, voluntary, or both.</p> <p>Access and Visitation Program Activities</p>	Participation		
	Mandatory	Voluntary	Both
Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation Enforcement			
Monitored Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutral drop-off/pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain below)			
Development of Parenting Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of Parenting Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

C. Access and Visitation Grant Funds and Awards from Other Sources

- In the boxes below indicate if your access and visitation activities are funded only with funds from the Child Access and Visitation Grant Program, or if your grant funds are combined with funds amounts from other sources.

Child Access and Visitation grant funds only [Skip to E]

Combined with funds from other sources [Please, Respond to Next Item]

- If you received funds from other sources, name the source and provide the dollar amount and percentage of the total program funds.

<u>Source</u>	<u>\$Amount of Funds</u>	<u>Percent of Total Funding</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %