**HOME VISITOR LOG**

 [ ]  Community Parenting Alternative [ ]  Graduated Reentry

Name DOC number Case manager/Corrections Specialist

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **NAME**Last, First, Middle Initial | **RELATIONSHIP TO YOU** | **DOB** | **TIME****IN/OUT** | **CONTACT NUMBER** | **CRIMINAL RECORD** |
| Yes | No |
|       |       |       |       |       |       |       | [ ]  | [ ]  |
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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:

**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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