



HOME VISITOR LOG

Community Parenting Alternative
 Graduated Reentry
 Rapid 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: _____

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