



# PASSAGES

A PROGRAM OF ALTERNATIVES

1001 South 27<sup>th</sup> Street

Billings, Montana 59101

Phone 406-294-9609

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## PARC

**Residents are eligible for visits beginning their third month of treatment. Due to space, the number of visitors must be limited. Please print. Any incorrect, incomplete, false, or misleading information on this application will void this application. The approval or denial of this visitor application will take 7 – 10 days. Your relative at Passages will notify you.**

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
First Middle Last)

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Date of Birth \_\_\_\_\_

*This information is needed should we determine to have a background check conducted prior to approval/denial only.*

**Must be an immediate relative** (parents, siblings, legal spouse, children, and grandparents) to go through approval process or adult who has custody of resident's children\*\* Limited to two adults with resident's children or 2 adults.

Your relationship to client:  Spouse  Parent  Sibling  Grandparent  Child

Do you have custody of the resident's child or children?  Yes  No

### LIST MINOR CHILDREN THAT MAY ACCOMPANY YOU (Note: We can only allow immediate minor children to visit)

1. Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Client: \_\_\_\_\_
2. Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Client: \_\_\_\_\_
3. Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

All questions must be answered truthfully. Any false or misleading information will void this and any future applications.

Have you ever been arrested?  Yes  No

If Yes, for what offense(s)? \_\_\_\_\_

Are you under the supervisor of either State or Federal Probation or Parole?  Yes  No

If Yes, for what offense(s): \_\_\_\_\_ Discharge Date \_\_\_\_\_

Supervising Officer's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Location: \_\_\_\_\_ Email: \_\_\_\_\_

Do currently have any charges pending against you?  Yes  No

If Yes, what charge and what are the circumstances: \_\_\_\_\_

**Visitor Rules and Requirements**

1. You must be able to produce and submit a valid picture ID at each visitation.
2. All potential visitors may be subject to an NCIC background check.
3. All visitors must be the age of 18 unless children of client listed on the application.
4. Visitors are responsible for the behavior of the children that may be attending. Other residents and children also share our visiting area. Staff have the right to ask you to remove children if they are too disruptive.
5. Any or all loud, threatening, or abusive language will not be tolerated and the visit will be immediately terminated.
6. Any visitors suspected of being under the influence of drugs and/or alcohol will be requested to immediately leave. Any future plans to visit will not be allowed.
7. All visitors must attend the hour-long education component from 8am-9am. If the visitor does not attend the education, they will not be permitted to visit. Visits will commence immediately after the education component and run from 9am-11am. The current visiting and education component hours are on Sunday mornings from 8 a.m. to 11 a.m. Any visitors arriving after 9:00 a.m. will be refused visitation. Visits are on the first Sunday of the month, except during holiday weekends, which the visit will occur the second Sunday of the month.
8. You must be approved **before** visits on Sunday.
9. You will be notified by your family member if you have been approved or denied.

**Allowed:**

1. Checks or money orders for clients must be turned into the staff present in order to be received in the client’s account. Please do not give money to the client. Please do not bring cash.

**Not Allowed:**

1. Cell phones and cameras of any kind.
2. You cannot bring homemade baked goods, fast foods, snacks, gum, candy, chips, cookies, soda, etc. Snacks for young children are allowed.
3. You are not allowed to bring any clothing, hygiene items or other items for clients.
4. You are not allowed to bring in any tobacco or marijuana products into the building. No exceptions. Your visit will be terminated immediately if staff notice any tobacco or marijuana products on your person or belongings. We are a tobacco-marijuana free campus.
5. No personal effects (i.e. purse, backpack, books, coats). Diaper bags are approved yet can be subject to search.

**Statement of Confidentiality: I understand the confidentiality of alcohol and drug abuse family members in this program is protected by Federal law and regulations. Federal law and regulations prohibit disclosure of any information identifying a PARC client as an alcohol or drug user. Violation of the Federal law and regulations is a crime. Suspected violations may be reported and all further visitation privileges to this facility will be terminated.**

Visits are usually healthy for everyone. Our clients are experiencing some significant emotions due to past issues while they are in treatment. Please be supportive of her treatment and what she is going through. Please try not to confront them with past behaviors or actions; our professional staff are already doing this. *Should your visit be deemed inappropriate by our staff for any reason, the visit can and will be terminated at any time.*

The client that you are here to visit is subject to room searches, pat downs, UAs, and BAs after your visit. Please do not put her into a position to be subject to any further incarceration or increased charges by attempting to smuggle any contraband or illegal substances into the facility. This is a correctional treatment facility and we do hold our client accountable to the conditions by which she was accepted into this program.

**I AGREE TO ABIDE BY ALL OF THE ABOVE CONDITIONS AS APPLIED TO MY VISITATION PRIVILEGES AT THE PASSAGES PARC**

Signature	Printed Name	Date

Approved  Disapproved.  
Program Supervisor \_\_\_\_\_ Date \_\_\_\_\_