Blue Earth County Human Services
Family Contact Record

Child's Name: _____

Visitation information *(i.e., who may/may not visit, any limitations or restrictions, court orders, etc.)*:

_____

_____

_____

Document contacts, in person, by telephone, letter, etc., between the child in your care and the natural family, and between the foster family and the natural family. Indicate whether the contact was scheduled and note the child's reactions, behavior, and verbal.

Date	Contact / Comments

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