



Assisted Visits Scheme Claim Form for Secure Children's Home Visits

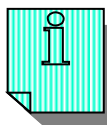
Personal Details

1. Your full name
2. Your home address
3. Your daytime phone number
4. Your email address
5. Your date of birth
6. How are you related to the young person you have visited:

Postcode:

- Mother/Stepmother Sister/Stepsister Grandfather Aunt
 Father/Stepfather Brother/Stepbrother Grandmother Uncle
 Guardian Other _____

Other Visitors



The YCS can help pay for 2 visitors over 16 years of age and up to 3 children who are close relatives of the young person.

Name	Age (if under 16)	Relationship to young person
	Adult	
	Under 16	
	Under 16	
	Under 16	

Details of the Visit

1. Which SCH did you visit

2. Young person's Name

3. Date and time of Visit

Date :

Time :

4. How did you travel to the SCH

Car

Train

Bus

Please note that the Assisted Visits Scheme does not cover taxi fares except in exceptional circumstances.

5. What time did you leave your home address?

am/pm

6. What time did you return to your home address?

am/pm

7. If you travelled by car, how far is the journey?

miles

Please note that mileage claimed will be audited against calculations of the shortest distance between home and SCH.

- ❖ If you travelled by train/bus, please send your tickets/receipts for reimbursement.
- ❖ If you have very young children who needed to be looked after at home whilst you visited, the YCS can help with the cost of a Registered Childminder. If you need help with these costs, please contact us.
- ❖ If you had to travel on separate days due to long journey times, the YCS can help with a contribution towards an overnight stay in local accommodation. Please contact us for details.

Payment

Payment of claims can be made either by cheque or by BACS transfer directly into your bank account.

For BACS payment, please complete the following details

Sort Code

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Account Number

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Name of Account

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OR

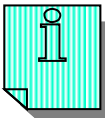
For cheque payments, please state to whom the cheque should be made payable

<i>Please make the cheque payable to:</i>

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, true. I understand that I may be prosecuted if I make a false declaration on this form.

Signed:		Date:	
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Before sending, please ensure that -

- You have answered all of the questions
- You have enclosed bus/train tickets/receipts
- You have signed and dated the declaration

The SCH must receive your claim within 28 days of your visit.

Once completed, please post this form to the SCH you visited.

FOR SCH OFFICE USE ONLY:

Check:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Form received within 28 days of visit?		
Young person is sentenced and not on remand?		
All visitors claimed for are eligible under the scheme?		
All visitors claimed for visited on the date stated?		
Payment calculation:		
Travelling		
Subsistence		
	TOTAL	£

Claim certified by :

Signature	
Print Name	
Role	
Name of SCH	
Date	