SFCIPP CALL FOR STORIES ABOUT VISITS!

www.sficipp.org
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VISITING STORY-TELLING CAMPAIGN

San Francisco Children of Incarcerated Parents Partnership (SFCIPP) is gathering stories about what visits in jails and prisons is like for families in the Bay Area. We highly encourage the participation of youth, children, and minors as well as incarcerated parents and loved ones in this call for stories. If you are a parent or caregivers who is recording the story of a child, please identify that in the comments section of the questionnaire. Stories should be at least one page long.

On a separate piece of paper, please tell your story about a particular visit (or visits) with a loved one. Answer what you can of the guiding prompts, to the best of your ability as you tell your story.

USE THE PROMPTS BELOW THAT APPLY AS YOU TELL YOUR STORY

➢ Where did you visit your loved one? How long did it take you to get there? How did you get there?

➢ Who do you usually go to a visit with? (Were you visiting with children? Or Are you a minor visiting a parent or loved one?)

➢ What kind of visit was it? (in-person? window with a phone? Via camera/tv screen?) What was your experience with this kind of visit--was it hard to see/hear them, were you upset or excited to see them this way?

➢ How was the visit? Was it easy/difficult to get in? Did you have to wait a long time for your loved one?

➢ Were there/are there financial barriers to visitation? About how much money does it cost for you to visit your loved one? (gas, rental cars, hotel room stays, bus tickets, uber/lyft/taxis, money on vending machines, photos, etc.)

➢ Have you ever been denied a visit? Did they give a reason? What was the reason?

Please feel free to share any additional comments.

NEXT STEPS

How to send us your stories

Provide the name and address that you would like us to send the gift card to*:

These stories will be collected in order to push for better policies regarding visiting in the Bay Area. They will be shared via publication online or in print. Would you like your name to be changed to make your story anonymous?: Yes/No (circle one)

By signing below, I give SFCIPP the exclusive rights to publish, print, advertise, or use my story in any other way. SFCIPP agrees to compensate participants who submit stories in the form of a Visa gift card valued at no less than $50.

Signature:

X

Please email your answers and this completed form to sfcipp.coordinator@gmail.com or mail them to: SFCIPP 1569 Solano Ave., #293, Berkeley, CA 94707.

*If you are currently incarcerated and would like your gift card to be sent to a loved one, please note that in the comments section and provide their name and address.