



CLIENT APPLICATION

CHILD

Name _____ Date of Birth _____ Age _____

_____ Male _____ Female

Address _____ City _____ Zip _____

Phone _____ Religious Preference _____ Place of Worship _____

School _____ Grade _____ Principal _____

Any special classes at school? _____

MOTHER

Name _____ Date of Birth _____ E-mail _____

Address _____ City _____ Zip _____

Phone _____ Own, rent, or buying home? _____

Is the mother: _____ Never Married; _____ Divorced; _____ Separated; _____ Widowed; _____ Remarried

If remarried, when? _____

If divorced, when? _____

If separated, when? _____

If widowed, when? _____

Employed? _____ Yes _____ No. If yes, where? _____ Address _____

Occupation _____ Working hours _____ May we call you at work? _____

Telephone number at work _____ Length of employment _____

FATHER

Name _____ Date of Birth _____ E-mail _____

Address _____ City _____ Zip _____

Phone _____ Own, rent buying home? _____

Is the father: _____ Never Married; _____ Divorced; _____ Separated; _____ Widowed; _____ Remarried

Father cont.

If remarried, when? _____
If separated, when? _____

If divorced, when? _____
If widower, when? _____

Employed? ____ Yes ____ No. If yes, where? _____ Address _____

Occupation _____ Working Hours _____ Can we call you at work? _____

Telephone number at work _____ Length of employment _____

Other Caregiver – (where the child lives)

Name _____ Relationship to applicant: _____ Date of Birth _____

E-mail _____

Address _____ City _____ Zip _____

Phone _____ Own, rent, or buying home? _____

Is the caregiver: ____ Never Married; ____ Divorced; ____ Separated; ____ Widowed; ____ Remarried

If remarried, when? _____
If separated, when? _____

If divorced, when? _____
If widowed, when? _____

Employed? ____ Yes ____ No. If yes, where? _____ Address _____

Occupation _____ Working hours _____ May we call you at work? _____

Telephone number at work _____ Length of employment _____

***Note: Your answer to Caregiver Annual Income assists CMC to secure grant funding. Your answer does not impact child's involvement in our programs. Programs are at no cost to your child/family**

Parent/Caregiver Annual Income (person(s) responsible financially for the child): _____

Please indicate sources of income (not amount) of parent or guardian child is living with:

____ Work ____ Welfare ____ Support ____ Social Security ____ Veteran's; Other _____

Who is the child living with? ____ Mother; ____ Father; ____ Relative; ____ Other

Please list all other children/members in the house:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any special custody concerns for the agency to be aware of? If Yes, please explain: _____

Why are you requesting this service for your child? _____

If the parent who is absent from the home is living, how often does he/she see the child? _____

Are there any other adults who take an interest in your child? _____ Yes _____ No

If so, who are they? _____

Are there any special problems at home, school or in the community? _____

Does the child or anyone in the family have any pending medical problems? _____ Yes _____ No

If YES, what _____

Is child covered by health insurance? _____ Yes _____ No Family Doctor _____

Describe any special needs or nervous habits of the child. _____

Can the child swim? _____ Yes _____ No

List child's interests, likes, hobbies

List things your child does not enjoy participating in? _____

List any organized activities or clubs in which child participates (*i.e. Boy Scouts, Girl Scouts, Campfire, YMCA, 4-H etc.*)

Is child presently being seen by any other service agency for services such as counseling? _____ Yes _____ No

If yes, name of agency _____ Caseworker _____

If yes, name of agency _____ Caseworker _____

We would like you to help us get to know your child a little better. This information will help us try to find the best possible Mentor or Couple match for your child. Although it may not always be easy, try to be as open and objective as possible in your responses.

IN ALL THESE CATEGORIES YOU MAY CHECK AS MANY RESPONSES AS YOU FEEL APPLY.

I THINK MY CHLD IS:

Shy, Withdrawn _____	Dependent _____	Outgoing _____
Independent _____	Hyperactive _____	Happy _____
Easygoing _____	Sad _____	Aggressive _____
Moody _____	Friendly _____	Temperamental _____
Mean _____	Even-tempered _____	Self-confident _____
Sensitive _____		

WITH OTHER CHILDREN IN THE NEIGHBORHOOD I THINK MY CHILD:

Gets along great _____	Is too easily influenced _____	Gets along pretty well _____
Is too bossy _____	Is a good leader _____	Doesn't get along well at all _____
Has too many friends _____	Doesn't really have many friends in the neighborhood _____	

WITH HIS/HER BROTHERS AND SISTERS MY CHILD:

Gets along as well as most brothers and sisters _____	Likes his/her brothers and sisters _____
Tolerates his/her brothers and sisters _____	Is helpful to brothers and sisters _____
Is too bossy _____	Really doesn't associate much with brothers and sisters _____

AT HOME, MY CHILD:

Has specific chores to do _____	Does not have chores to do _____
Does his/her homework without arguing _____	Doesn't help much around the house _____
Keeps his/her bedroom clean most of the time _____	Has to always be told to clean his/her room _____
Is helpful some of the time _____	Takes pride in personal hygiene _____
Is helpful most of the time _____	Feels he/she is the boss around here _____

THE WAY I'D DESCRIBE MY CHILD IS:

Short _____	Sloppy _____	Too Loud _____
Overweight _____	Too quiet _____	About average for his/her age _____
Tall _____	Fun to be with _____	Average looking _____
Hard to understand _____	Easy to please _____	Sweet and lovable _____
Cute as a button _____	Too active _____	Quiet as a church mouse _____
Hard to live with _____	Too easily bored _____	Sometimes fun to be with _____
A chatter box _____	Difficult to handle _____	Watches too much TV _____

IN MY OPINION, AT SCHOOL:

The teachers like my child _____	The teachers don't really notice my child _____
The teachers don't like my child _____	The teachers care about my child _____
The teachers take a special interest in my child _____	The teachers are there just to have a job _____
The teachers are fair with my child _____	The teachers expect too much from my child _____
The teachers do a good job _____	

What else would you like to tell us about your child that we haven't asked? _____

What would you like to tell us about YOU that we haven't asked? _____

What would you like to tell us about the parent that is out of the home? _____

Is there anything else you'd like to comment on that we haven't covered and you think would be helpful ___Yes ___No.
If yes, what? _____

I HEREBY GIVE THE CHILD NAMED ON THIS APPLICATION PERMISSION TO PARTICIPATE IN THE CHILDREN'S MENTORING CONNECTION PROGRAM IF ACCEPTED BY THE AGENCY FOR INCLUSION.

Signature of person completing this form

Date

Print Name

Relationship to child

Children's Mentoring Connection of Hancock County reserves the right to deny an application when, in its sole discretion, it believes it is in the best interest of CMC to do so and is not obligated to match a child.

We really appreciate the time and help you've given us. If you have any questions at all, please feel free to give us a call 419-424-9752 or email info@cmchancock.org

Return to:
The Children's Mentoring Connection of Hancock County
305 East Lincoln Street
Findlay OH 45840

cmchancock.org