



**Kinship**

# Client Application

**NAME:** \_\_\_\_\_  
Last Full First Full Middle

**MAILING ADDRESS:** \_\_\_\_\_, IA \_\_\_\_\_  
Street City Zip Code

**HOME ADDRESS:** \_\_\_\_\_, IA \_\_\_\_\_  
Street City Zip Code

**HOME PHONE #:** ( ) \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_, \_\_\_\_\_  
M D Yr City State

**SCHOOL DISTRICT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**FAMILY TYPE:**

\_\_\_ 2-Parent (Biological) \_\_\_ 2-Parent (one step parent) \_\_\_ Single Parent \_\_\_ Foster Family \_\_\_ Other

**MOTHER'S STATUS** (circle all that apply): Single Married Divorced Re-married Cohabiting Dating

**FATHER'S STATUS** (circle all that apply): Single Married Divorced Re-married Cohabiting Dating

**Mother's Spouse or Significant Other's Name:** \_\_\_\_\_  
Last First Middle

**Father's Spouse or Significant Other's Name:** \_\_\_\_\_  
Last First Middle

>If Divorced: Custody Arrangement \_\_\_\_\_

Please list the name, age, and gender of each child living in your home:

<u>NAME</u>	<u>AGE</u>	<u>GENDER</u>	<u>NAME</u>	<u>AGE</u>	<u>GENDER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PARENT/GUARDIAN'S CURRENT EMPLOYER:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**WORK SCHEDULE:** \_\_\_\_\_ **WORK #:** ( ) \_\_\_\_\_ **Ext.** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

Is it acceptable to call you at work? Y N Emergency Only Length of Time w/ this Employer? \_\_\_\_\_

**PARENT/GUARDIAN'S EDUCATION:** (circle all completed) High School Vocational/Tech School College

College or Vocational Major: \_\_\_\_\_ Degree Earned \_\_\_\_\_

Currently Attending? \_\_\_\_\_ Where? \_\_\_\_\_

**MILITARY SERVICE:**

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ SERVICE DATES: \_\_\_\_\_

DATE & TYPE OF DISCHARGE: \_\_\_\_\_

Are you affiliated with a church? Y N If yes, CHURCH NAME: \_\_\_\_\_

Describe your child's personality and temperament: \_\_\_\_\_

**(Circle any you feel apply):**

Cooperative    Energetic    Shy    Outgoing    Follower    Leader    Nervous    Quiet  
Talkative    Friendly    Confident    Aggressive    Angry    Happy    Lonely    Withdrawn

Why would you like your child to be involved with Kinship? \_\_\_\_\_

\_\_\_\_\_

How do you think a Kinship volunteer could help your child? \_\_\_\_\_

\_\_\_\_\_

What problems (health problems, allergies, learning disabilities, behavior disorders) should Kinship be aware of? \_\_\_\_\_

\_\_\_\_\_

What are some of your child's special interests or favorite activities? \_\_\_\_\_

\_\_\_\_\_

Is the child's non-custodial parent living in the area? Y N

Does he or she visit the child? Y N How often? \_\_\_\_\_

Would this parent have any objections to your child's participation in Kinship? Y N Explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate any major life changes within the next year (personal, vocational, or residential)? \_\_\_\_\_

\_\_\_\_\_

I give my permission for my child to participate in the Kinship program. I also give my permission and consent for Dickinson County Kinship to contact my child's school and any other community professionals (health and social service agencies) who may be involved with our family for the purpose of determining my child's eligibility and appropriateness for the Kinship program, selecting and appropriate volunteer for my child, and/or for continued monitoring/avocation work while my child is involved in the Dickinson County Kinship program.

Client's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_