

BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY, INC.

885 Badger Circle, Grafton, WI 53024

262-377-784 Fax 262-377-7370

LITTLE BROTHER/SISTER CONFIDENTIAL APPLICATION

Program Choice: Community Based _____ School Based _____ After-School _____

INFORMATION ABOUT CHILD

Date _____

Child's Name _____ Birthdate: _____ Age _____ Sex _____

Address _____ City _____ Zip _____

Home Phone _____ Race/Ethnicity _____ Religion _____

School _____ Grade _____ School Contact _____

INFORMATION ABOUT PARENT OR GUARDIAN

Parent(s)/Guardian Names: _____

Marital Status: Single () Married () Separated () Divorced () Widowed ()

If remarried, spouse's name: _____

Email Address _____

Employer's name and address _____

Education _____ Occupation _____ What hours do you work? _____

Can you be called? _____ Work Phone _____

Do you anticipate any changes in the coming year? _____

Annual Income Level: (For Statistical Reporting and Funding Only)

Less than \$12,000 _____ \$12,000-\$15,000 _____ \$15,000-\$25,000 _____ \$25,000-\$49,000 _____

\$50,000-74,999 _____ \$75,000+ _____

MARITAL HISTORY

SPOUSE'S NAME	REASON: DEATH/DIVORCE	YEAR
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IN CASES OF DIVORCE: INFORMATION ABOUT ABSENT PARENT

Name _____ Phone _____

Address _____

Do you share legal custody of the child? _____ Does Parent have legal visiting rights? _____

How often does he/she have contact with child? _____

When did the child last see parent? _____

Do you consider these visits valuable? _____

Is he/she aware of the child's participation in the Big Brothers Big Sisters Program? _____

How does he/she feel about this? _____

LIST MEMBERS OF THE HOUSEHOLD

NAME	RELATIONSHIP TO CHILD	BIRTHDATE	OCCUPATION OR SCHOOL NAME
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

INFORMATION ABOUT THE CHILD

What are the primary reasons for referring the child to this program? _____

Have you or your child received any professional help from other agencies, schools, psychologists, social workers, etc.? If so, please indicate from whom and when. _____

Does your child have any special needs or behavioral issues that are impacting his/her academic performance? (i.e. Learning disabilities, self-esteem, anger management, allergies, attention, motivation, etc.)

Please indicate any academic strengths and weaknesses of your child. Is your child working up to his or her ability level?

Does your child have ADD or ADHD? _____ Is your child taking any medication at home or school?

Is your child receiving any special education programming? _____

Is your child having trouble making or keeping friends or interacting with his/her peers? _____

How do you hope a Big Brother or Big Sister can help your child?

Please include any additional information that you feel will help us understand your child.

***IF POSSIBLE, PLEASE ENCLOSE A PHOTO OF YOUR CHILD.**

I give permission to use my child's picture or likeness of any form to promote BBBS of Ozaukee for Public Relations and training purposes. _____YES _____NO (PLEASE CHECK)