

BIG BROTHERS BIG SISTERS OF OZAUKEE COUNTY, INC.

885 Badger Circle, Grafton, WI 53024
Phone 262-377-0784 Fax 262-377-7370

LITTLE BROTHER/SISTER CONFIDENTIAL APPLICATION

Program Choice: Community Based _____ During School _____

INFORMATION ABOUT CHILD

Child's Name _____ Birth Date _____ Age _____ Sex _____
Address _____ City _____ Zip _____
Home Phone _____ Race/Ethnicity _____ Religion _____
School _____ Grade _____ School Contact _____

INFORMATION ABOUT PARENT/GUARDIAN

Parent(s)/Guardian Name(s) _____

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

If remarried, spouse's name: _____

Email Address _____

Employer's Name and Address _____

Occupation _____ What Hours Do You Work? _____

Can You Be Called? _____ Work Phone _____

Annual Income Level: (For statistical reporting and funding purposes only)

Less than \$10,000 _____ \$10,000 - \$14,999 _____ \$15,000 - \$22,999 _____ \$23,000 - \$33,999 _____

\$34,000 - \$49,999 _____ \$50,000 - \$74,999 _____ \$75,000 + _____

MARITAL HISTORY

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

IN CASE OF DIVORCE: INFORMATION ABOUT ABSENT PARENT

Name _____ Phone _____

Address _____

Do you share legal custody of the child? _____ Does parent have legal visitation rights? _____

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

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	BIRTH DATE	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, school, 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/her ability level? _____

Does your child have ADD or ADHD? _____ If yes, is your child taking any medication(s) 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)

_____ (Signature of Parent or Guardian)