

Children & Youth Involvement? No Yes (if yes, please explain)

Are the parents of the child/children separated or divorced? Please explain parental relationship if possible.

Is there a current custody/visitation agreement in place that addresses the rights of the person with guardianship?

BIRTH PARENTS' NAMES	AGE	DOB	ADDRESS	PHONE
CHILDREN	AGE	DOB	GRADE/SCHOOL	OTHER INFORMATION (Including County of Residence)

CONFIDENTIALITY AGREEMENT:

All written and oral information disclosed or provided by the Applicant shall be held confidential and limited to the determination of program eligibility by the Board of Directors of the AF4GRG. Any other use of this information is prohibited without written permission by the Applicant.

Signature: _____ DATE: _____

Marital Status:

Married Couple Unmarried couple Divorced Separated Widowed Single

REFERRAL SOURCE-How did you learn about Advocacy Fund 4 Grandparents Raising Grandchildren (AF4GRG)?

Self (prior client) Atty/Court Help Line Employer/Union Schools
 Friend/Relative M.D./Hospital Publicity Other Agency Church
 New American Hero Support Group Other:

(For official use only)

INTAKE PERSON: _____

DATE OF CALL: _____