

P.O. Box 1497 Wilkes-Barre, PA 18703 570-762-9714 www.af4grg.org

Which one are you applying
for? Check one:
ACT 88
CUSTODY
ADOPTION

DATE:	CASE #:(for office use only)				
LAST NAME APPLICANT:	FIRST NAME- APPLICANT:				
HOME PHONE- APPLICANT:	WORK/CELL PHONE- APPLICANT:				
LAST NAME – SPOUSE/PARTNER:	FIRST NAME- SPOUSE/PARTNER:				
HOME PHONE- SPOUSE/PARTNER:	WORK/CELL PHONE- SPOUSE/PARTNER:				
STREET:	CITY/STATE/ZIP:				
	-				
EMAIL:	OTHER CONTACT:				
PERMISSION TO CALL:HOME	WORKCELL				
PRESENTING PROBLEM:					

Children & Youth Involvement? _	No	Ye	es (if yes, please explain)		
Are the parents of the child/childre	en separa	ated or di	vorced? Please explain parenta	l relationship if possible.	
Is there a current custody/visitatio	n agreen	nent in pl	ace that addresses the rights of	the person with guardianship	
BIRTH PARENTS' NAMES	AGE	DOB	ADDRESS	PHONE	
DINTH FARENTS NAMES	AGE	БОВ	ADDRESS	FHONE	
CHILDREN	AGE	DOB	GRADE/SCHOOL	OTHER INFORMATION	
CHILDREN	AGE	БОВ	GRADE/SCHOOL	(Including County of Residence)	
CONFIDENTIALITY AGRE All written and oral informati to the determination of progra information is prohibited with	on disclos am eligibi	sed or pro lity by the	vided by the Applicant shall be held Board of Directors of the AF4GR0 sion by the Applicant.	d confidential and limited G. Any other use of this	
Signature:			DATE:		
Marital Status:Married CoupleU	Jnmarried	couple	DivorcedSeparated	WidowedSingle	
REFERRAL SOURCE-How didSelf (prior client)AFriend/RelativeNNew American Hero Suppo	Atty/Court M.D./Hosp	about Advo	cacy Fund 4 Grandparents Raising Gr Help LineEmployer/UniPublicityOther AgencyOther:	randchildren (AF4GRG)? ionSchools /Church	
(For official use only) INTAKE PERSON:	DATE OF CALL:				