

**ERMA'S HOUSE APPLICATION SUPERVISED EXCHANGE**

Please complete this application and return it to Erma's House Visitation Center, 1046 Brown Street, Dayton, Ohio 45409.

After applications have been received from custodial and non-custodial party Erma's House staff will contact you to schedule an intake interview.

**PLEASE PRINT**

DATE: \_\_\_\_\_

**REFERRED BY:**

JUVENILE COURT     DOMESTIC RELATIONS COURT     CHILDREN'S SERVICES

OTHER \_\_\_\_\_

NAME(S): \_\_\_\_\_  CUSTODIAL     NON-CUSTODIAL

MOTHER     FATHER     LEGAL GUARDIAN     FOSTER PARENT     OTHER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

BEST TIME TO CONTACT YOU: \_\_\_\_\_

MAY WE LEAVE A MESSAGE AT YOUR TELEPHONE NUMBER(S)?  YES  NO

EMPLOYMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ MAY WE CALL YOU AT WORK?  YES  NO

MODEL OF CAR: \_\_\_\_\_ LICENSE PLATE NUMBER: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

MARITAL STATUS:     SINGLE     MARRIED     DIVORCED     WIDOW(ER)     SEPARATED

RACE OR ETHNIC GROUP:     AFRICAN AMERICAN     ASIAN     BI-RACIAL     CAUCASIAN     HISPANIC

AMERICAN INDIAN     OTHER (PLEASE SPECIFY) \_\_\_\_\_

EDUCATION COMPLETED: \_\_\_\_\_ GROSS ANNUAL INCOME: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HEALTH INSURANCE:     PRIVATE     PUBLIC     BOTH PRIVATE/PUBLIC     UNINSURED

### CHILDREN

PLEASE LIST ALL CHILDREN WHO WILL BE PARTICIPATING IN SUPERVISED EXCHANGES.

#### CHILD 1

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:     FEMALE     MALE    DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:     AFRICAN AMERICAN     ASIAN     BI-RACIAL     CAUCASIAN     HISPANIC  
 AMERICAN INDIAN     OTHER (*PLEASE SPECIFY*) \_\_\_\_\_

#### CHILD 2

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:     FEMALE     MALE    DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:     AFRICAN AMERICAN     ASIAN     BI-RACIAL     CAUCASIAN     HISPANIC  
 AMERICAN INDIAN     OTHER (*PLEASE SPECIFY*) \_\_\_\_\_

#### CHILD 3

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:     FEMALE     MALE    DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:     AFRICAN AMERICAN     ASIAN     BI-RACIAL     CAUCASIAN     HISPANIC  
 AMERICAN INDIAN     OTHER (*PLEASE SPECIFY*) \_\_\_\_\_

#### CHILD 4

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER:     FEMALE     MALE    DATE OF BIRTH: \_\_\_\_\_

RACE OR ETHNIC GROUP:     AFRICAN AMERICAN     ASIAN     BI-RACIAL     CAUCASIAN     HISPANIC  
 AMERICAN INDIAN     OTHER (*PLEASE SPECIFY*) \_\_\_\_\_

PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER  
IF MORE THAN FOUR CHILDREN WILL BE PARTICIPATING IN SUPERVISED EXCHANGES.

PLEASE DESCRIBE YOUR CURRENT EXCHANGE ARRANGEMENTS:

---

---

HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?

---

---

LIST POSSIBLE TIMES AND DAYS FOR SUPERVISED EXCHANGES:

---

---

DO YOU HAVE ANY CONCERNS ABOUT THE CHILD'S INVOLVEMENT IN SUPERVISED EXCHANGES?

---

---

DO YOU HAVE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?

---

---

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_  HOME  CELL

**PLEASE SIGN AND DATE THIS APPLICATION:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**DO YOU HAVE AN ATTORNEY REPRESENTING YOU?**     **Yes**    **No**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD(REN) HAVE A CASA OR GUARDIAN AD LITEM?**     **Yes**    **No**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A CHILDREN'S SERVICES CASEWORKER?**     **Yes**    **No**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE AN UPCOMING HEARING?**     **Yes**    **No**

DATE: \_\_\_\_\_

COURT, JUDGE OR MAGISTRATE: \_\_\_\_\_