

**ERMA'S HOUSE APPLICATION SUPERVISED PARENTING TIME/VISITATION**

Please complete this application mail 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

**PLEASE LIST ALL CHILDREN LIVING IN THE HOME WHO WILL BE PARTICIPATING IN SUPERVISED VISITATION.**

**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*) \_\_\_\_\_

HEALTH INSURANCE:     PRIVATE     PUBLIC     BOTH PRIVATE/PUBLIC     UNINSURED

**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*) \_\_\_\_\_

HEALTH INSURANCE:     PRIVATE     PUBLIC     BOTH PRIVATE/PUBLIC     UNINSURED

**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*) \_\_\_\_\_

HEALTH INSURANCE:     PRIVATE     PUBLIC     BOTH PRIVATE/PUBLIC     UNINSURED

**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*) \_\_\_\_\_

HEALTH INSURANCE:     PRIVATE     PUBLIC     BOTH PRIVATE/PUBLIC     UNINSURED

PLEASE DESCRIBE YOUR CURRENT PARENTING TIME/VISITATION:

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HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?

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LIST POSSIBLE TIMES AND DAYS FOR SUPERVISED PARENTING TIME/VISITATION:

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DO YOU HAVE ANY CONCERNS ABOUT THE CHILD'S INVOLVEMENT IN SUPERVISED PARENTING TIME/VISITATION?

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

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**PLEASE INDICATE YOUR PREFERENCES CONCERNING:**

FOOD FOR CHILD DURING PARENTING TIME/VISIT:       YES    NO

GIFTS FOR CHILD DURING PARENTING TIME/VISIT (THAT CHILD WILL TAKE HOME):       YES    NO

**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: \_\_\_\_\_