

ERMA'S HOUSE APPLICATION SUPERVISED PARENTING TIME/VISITATION

Please complete this application and 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 LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER
IF MORE THAN FOUR CHILDREN WILL BE PARTICIPATING IN SUPERVISED PARENTING TIME.**

PLEASE DESCRIBE YOUR CURRENT PARENTING TIME/VISITATION:

HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?

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

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

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

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: _____