

ERMA'S HOUSE APPLICATION SUPERVISED- EXCHANGES

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

After applications have been received from **BOTH the 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: _____

GENDER: MALE FEMALE TRANSGENDER NON-BINARY

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: _____

MODEL OF CAR: _____ LICENSE PLATE NUMBER: _____

DEMOGRAPHIC INFORMATION

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOW(ER) SEPARATED

RACE OR ETHNIC GROUP: BLACK/ AFRICAN AMERICAN ASIAN MULTI-RACIAL WHITE HISPANIC/ LATINO
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 OTHER (PLEASE SPECIFY) _____

EDUCATION COMPLETED: _____ GROSS ANNUAL INCOME: _____

COUNTY OF RESIDENCE: _____

(PLEASE CIRCLE)

HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED

PLEASE LIST ALL CHILDREN LIVING IN THE HOME PARTICIPATING IN SUPERVISED VISITATION.

CHILD 1

FIRST NAME: _____ LAST NAME: _____

GENDER: MALE FEMALE TRANSGENDER NON-BINARY

DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: BLACK/ AFRICAN AMERICAN ASIAN MULTI-RACIAL WHITE HISPANIC/ LATINO
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 OTHER (PLEASE SPECIFY) _____

(PLEASE CIRCLE)

HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED

CHILD 2

FIRST NAME: _____ LAST NAME: _____

GENDER: MALE FEMALE TRANSGENDER NON-BINARY

DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: BLACK/ AFRICAN AMERICAN ASIAN MULTI-RACIAL WHITE HISPANIC/ LATINO
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 OTHER (PLEASE SPECIFY) _____

(PLEASE CIRCLE)

HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED

CHILD 3

FIRST NAME: _____ LAST NAME: _____

GENDER: MALE FEMALE TRANSGENDER NON-BINARY

DATE OF BIRTH: _____

RACE OR ETHNIC GROUP BLACK/ AFRICAN AMERICAN ASIAN MULTI-RACIAL WHITE HISPANIC/ LATINO
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 OTHER (PLEASE SPECIFY) _____

(PLEASE CIRCLE)

HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED

CHILD 4

FIRST NAME: _____ LAST NAME: _____

GENDER: MALE FEMALE TRANSGENDER NON-BINARY

DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: BLACK/ AFRICAN AMERICAN ASIAN MULTI-RACIAL WHITE HISPANIC/ LATINO
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 OTHER (PLEASE SPECIFY) _____

(PLEASE CIRCLE)

HEALTH INSURANCE: PRIVATE/ PUBLIC MEDICAID/ PUBLIC MEDICARE & MEDICAID/ BOTH PUBLIC/PRIVATE -OR- UNINSURED

PLEASE LIST ADDITIONAL CHILDREN ON THE BACK
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:

ARE YOU CONCERNED 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 THE FOLLOWING:

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: _____