

ADA FRIENDS PARENT & FAMILY INFORMATION

The following information will greatly assist us in making the best possible Ada Friends match for your child(ren). All information will be kept confidential between the Ada Friends staff and your child's Ada Friend. If you have more than one child applying, you can fill out this side for all of your children, and we will make copies. **The other side must be filled out for each individual child.**

Name of child(ren): _____

Please indicate marital status of child's biological parents: _____

Contact Information for parent/guardian the child lives with:

Name: _____

Phone number: _____

Mailing Address: _____ City: _____ Zip: _____

Place of your employment: _____ Work phone: _____

Is it ok to contact you at work? Yes No Only in an emergency

Email address: _____

Is there a good time to call you? _____

VERY IMPORTANT: What is your preferred means of contact (circle one)?

Home phone Work phone Email Other (please explain):

Contact Information for a relative your child does not live with:

Name: _____ Home phone: _____

Mailing Address: _____ City: _____ Zip: _____

Please list the names and relationships of all who live in the child's house. List ages of children.

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there other adults (relatives, neighbors, etc.) your child is close to? _____

Do you have any pets? Yes No List: _____