

BIG FRIENDS LITTLE FRIENDS

A program of Family Service, Inc.
430 North Canal St Lawrence, MA 01840 Telephone: 978-327-6600 Fax: 978-327-6601

APPLICATION FOR CONSIDERATION AS LITTLE FRIEND

This application will begin the process of applying a child for a Big Friend. After submitting this application, the parent or guardian will be interviewed by an agency match coordinator. If this program is appropriate for the service – the next step will be a child interview. The agency will also need to collect information from any professionals; therapists, social workers, teachers, etc. who might help us better serve the child. An application may be rejected at any time during the process. It is best that the applied child understand that getting a Big Friend is only a possibility, not a guarantee.

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Parent Work Phone: _____ Parent Cell: _____

Child's gender: [Male] [Female] Can parent/guardian be contacted at work? [Y] [N]

Child's Place of Birth: _____ How Long At Current Address? _____

Date of Application: _____ School: _____ Grade: _____

How did you learn about this program: _____
(Please give Name, Agency, and Phone of referring counselor, social worker, teacher or professional)

What other agencies are you involved with? _____

(Please give names of professionals, agency and phone number)

Does your child have any physical problems? _____

Mother's Name: _____ Date of Birth: _____

Mother's Place of Birth: _____

Father's Name: _____ Date of Birth: _____

Father's place of birth: _____

What adults does the child live with?: _____

How often does the absent parent see the child? _____

If the absent parent sees the child, does s/he know about this application and does the absent parent feel that this is a good idea? _____

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Parent's Marital Status: (please circle) Married, Separated, Divorced, Single, Widowed, Remarried, Other

Will your family be remaining in the area for the next 1 year [Y] [N]

Does your child know the difference between a "good touch" and a "bad touch"? _____

Has the child been educated on this subject through any school program? _____

List other children living in the home with the child:

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

How do you think a Big Friend could help your child? _____

Date

Parent/Guardian Signature

Relationship to Child