



Companions for Children—Youth Application

308 2nd Ave SW, Suite 7, Minot, ND 58701

Phone: (701) 838-5784 Fax: (701) 852-0374 E-mail: Children@SRT.com

Please print.

Name of youth: _____ Ethnicity: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Birth date: _____ Gender: _____ Grade: _____

Person having custody: _____ Relationship: _____

E-mail address: _____

Reason for Application: _____

Referred by: _____ If not referred, how did you find out about the program? _____

Does the child have any special needs/issues that we should be aware of before matching him/her with an Adult Companion? _____

FAMILY INFORMATION:

	Please complete the following regarding the child's GUARDIAN :		Please complete the following regarding the child's NONCUSTODIAL PARENT	
Name:				
Address:				
Home phone:				
Marital Status:	Circle: Married Separated Divorced Widowed Single		Circle: Married Separated Divorced Widowed Single	
Number of children living in the home:				
Place of employment:				
Work phone:				
Annual income: (please circle)	Less than 15,000 25,000-35,000	15,000-25,000 more than 35,000	Less than 15,000 25,000-35,000 35,000	15,000-25,000 more than

Signature

Date

For office use:	Rev. 5/07
Date Received: _____ Signature: _____	
Accepted: _____ Denied (reason): _____	