



***NOTE: to be eligible, the child must be between the ages 6 and 16 and have HIV or: 1) have an immediate family member infected with HIV (mother, father, brother or sister), 2) have an immediate family member that has died from HIV and/or 3) live with an extended family member (grandmother, grandfather, aunt, uncle or cousin) that has HIV. ***

TODAY'S DATE _____

MENTEE/LITTLE HERO APPLICATION

CHILD'S INFORMATION
First Name, Last Name, Nickname/Preferred Name
Home Address, City, County, Zip
Home Phone, Parent/Guardian's Cell Phone, Parent/Guardian's e-mail address:
Age, Date of Birth (MM/DD/YYYY), Gender: Male/Female, HIV Status: HIV Positive/Negative
Is the child aware that he/she is HIV positive or that a member of the household is HIV positive?
Referral Source (Grady IDP, Friend, Family):
School Attending: Grade Level
Ethnicity: White/Caucasian, Black/African-American, Hispanic/Latino, Native American, Asian/Pacific Islander/Indian Sub-Continent, Multi-racial, Other
Has your child ever been diagnosed with ADD/ADHD?
Has your child ever been diagnosed with a learning disability?
Has your child ever been diagnosed with a developmental disability?
Has your child ever been diagnosed with any mental health issues?
Has your child ever been diagnosed or suffered from any other medical condition?
Has your child ever been a victim of sexual abuse, physical or emotional abuse?
Has your child ever been part of the criminal justice system?
Who has legal custody of the child?
Mother, Father, Both Parents, Aunt/Uncle, Grandparent, Pending court action, Other(specify):

Mailing Address: 580 W. Crossville Road, Suite 204 ♦ Roswell, GA 30075
Phone : 470-321-3102 ♦ Fax : 470-321-3106 ♦ Email : info@heroforchildren.org

For Office Use
Date Issued:
Date Rec'd:
HERO Staff:

PARENT/GUARDIAN INFORMATION			
First Name	Last Name	Relationship to child:	
Age:	HIV Status: <input type="checkbox"/> HIV positive <input type="checkbox"/> HIV negative	Adoptive Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Highest Level of Education Completed: <input type="checkbox"/> HS <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate	
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability			
If employed, please provide Company Name:			
Address	City	State	Zip
Work Phone		E-mail:	

ABSENT PARENT INFORMATION			
First Name	Last Name	Telephone	
Home Address	City	County	Zip
HIV Status: <input type="checkbox"/> HIV positive <input type="checkbox"/> HIV negative <input type="checkbox"/> Unknown			

HOUSEHOLD INFORMATION

Please list all individuals living in the household:

NAME	RELATIONSHIP TO CHILD	SEX	AGE	HIV STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY ANNUAL INCOME INFORMATION

- \$0-10,000
 \$10,001-15,000
 \$15,001-20,000†
 \$20,000-25,000
 \$25,001-30,000
 \$30,001-35,000
 \$35,001-40,000
 \$40,001-45,000
 \$50,000+

Source of family income:

- Employment
 Government support
 Public Assistance
 Unemployment Benefits
 Medicaid
 Social Security
 Veterans Benefits
 Other: _____

***Income information is only used for statistical purposes. This does not determine acceptance into program.

IN CASE OF EMERGENCY CONTACT:			
First Name	Last Name	Relationship to Child	
Home Address		City	State Zip
Home Phone Number	Cell Phone Number	Alternate Phone Number	

STATEMENT OF UNDERSTANDING

Please initial each statement below and sign below.

- ____ I understand that H.E.R.O. for Children, Inc. does not require fees for services (HERO programs are free of charge).
- ____ I understand that H.E.R.O. programs are not licensed by the state of Georgia (i.e. do not meet the state definition of child care and are not subject to the jurisdiction of Bright from the Start).
- ____ I understand by completing this application, H.E.R.O. for Children is in no way obligated to accept your child into the Super HEROes Mentoring program.
- ____ I confirm that at least one member of the immediate household and/or a child's immediate family member (mother, father, brother, sister) is HIV/AIDS infected.
- ____ I understand, as part of the enrollment process, HERO staff will request additional information about my child prior to making any final decisions related to enrolling my child.
- ____ I understand HERO staff will periodically request copies of my child's academic records for tracking his/her progress during enrollment in the Super HEROes Mentoring program.
- ____ I understand all the information given in this application may be verified by H.E.R.O. for Children, Inc, including HIV/AIDS status.

I attest and certify that all information provided is true and accurate to the best of my knowledge. Furthermore, I understand that any misrepresentation, false statement, or omissions on this application may disqualify my application or result in the immediate dismissal of my child's participation in any H.E.R.O. for Children, Inc. programs.

Parent/Legal Guardian Signature

Date

****All above information will be kept confidential unless provided with expressed written consent to release any information to requesting party.**