



**\*\*\*NOTE: to be eligible, the child must 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 \_\_\_\_\_

**CHILD APPLICATION**

<b>CHILD'S INFORMATION</b>							
First Name			Last Name			Social Security #	
Home Address				City		County	Zip
Home Phone		Parent/Guardian's Cell Phone		Parent/Guardian's e-mail address:			
Age	Date of Birth (M/D/Y)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		HIV Status: <input type="checkbox"/> HIV positive <input type="checkbox"/> HIV negative		
Is the child aware that he/she is HIV positive or that a member of the household is HIV positive? Yes No							
Referral Source(Grady IDP, Friend, Family): _____							
School Attending:					Grade		
Ethnicity:  <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander/Indian Sub-Continent <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____							
Has your child ever been diagnosed with ADD/ADHD?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been diagnosed with a learning disability?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been diagnosed with a developmental disability?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been diagnosed with any mental health issues?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been diagnosed or suffered from any other medical condition?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been a victim of sexual abuse, physical or emotional abuse?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been part of the criminal justice system?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who has legal custody of the child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Pending court action <input type="checkbox"/> Other(specify): _____							

<b>PARENT/GUARDIAN CONTACT INFORMATION</b>			
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:		
<b>ABSENT PARENT INFORMATION</b>			
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:

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

Source of family income:

Employment      Government support      Public Assistance      Medicaid

Social Security      Veterans Benefits      Other: \_\_\_\_\_

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

**CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**INTERESTS IN CURRENT H.E.R.O. PROGRAM(S):**

Super HEROes     Rising HEROes     H.E.R.O. for A Day    UGA HEROes Olympics

Reading HEROes    Georgia Tech Fall Festival    Holiday Of HEROes

**INTERESTS IN FUTURE PROGRAM(S):**

Healthy HEROes (health curriculum)    Career Development/Job Readiness    Individual Support Services

**STATEMENT OF UNDERSTANDING**

- By completing this application, H.E.R.O. for Children is in no way obligated to accept your child into HERO programs.
- At least one member of the immediate household is HIV/AIDS infected.
- As part of the enrollment process, H.E.R.O. will request additional information about the child prior to making any final decisions related to enrolling your child.
- All the information given in this application may be verified by H.E.R.O. for Children, Inc, including HIV/AIDS status.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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

<p><b><u>Office Use Only:</u></b>  Permission to take information via:    <input type="checkbox"/>PHONE    <input type="checkbox"/>Mail    <input type="checkbox"/>E-mail</p>	<p>Date received: _____</p>
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