



*****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 _____

GENERAL CHILD 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 (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
 If no, please provide a reason why child is not aware. _____

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? Yes No

Has your child ever been diagnosed with a learning disability? Yes No

Has your child ever been diagnosed with a developmental disability? Yes No

Has your child ever been diagnosed with any mental health issues? Yes No

Has your child ever been diagnosed or suffered from any other medical condition? Yes No

Has your child ever been a victim of sexual abuse, physical or emotional abuse? Yes No

Has your child ever been part of the criminal justice system? Yes No

Who has legal custody of the child?

Mother Father Both Parents Aunt/Uncle Grandparent Pending court action
 Other(specify): _____

Mailing Address: 580 W. Crossville Rd., 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

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

H.E.R.O. FOR CHILDREN PROGRAMS: (Please check the program(s) you wish your child to participate in)

- Super HEROes Program
 Bright HEROs Program
 Camp High Five
 Holiday of HEROs
 Transition to Adulthood

FUTURE PROGRAMS: (Please check the program(s) you would be interested in your child to participating in)

- Healthy HEROs (health curriculum)
 Career Development/Job Readiness
 Other _____

REFERRAL NEEDS:

**H.E.R.O. for Children, Inc. will use collected information for the sole purposes of researching referral agency resources. **

- Food
 Transitional Housing/Shelter
 Rent/Utilities Assistance
 Clothing/Furniture
 Financial/Public Assistance
 Other: _____

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 HERO programs.
 _____ 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 the child prior to making any final decisions related to enrolling your child.
 _____ I understand HERO staff will periodically request copies of my child's academic records for tracking his/her progress during enrollment in HERO programs.
 _____ 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.**