



CLIENT APPLICATION

| <u>OFFICE USE ONLY</u> | | | | |
|-------------------------|----|---|----|----|
| DC | LP | B | WL | GR |
| Application Date: _____ | | | | |

Please complete this form as accurately as possible so we can best serve your family. All information is confidential.

General Information

Applicants Name: _____ Male _____ Female

Height: _____ Weight: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Ethnicity: _____
(Not required; for grant application purposes only.)

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Email: _____

Name of Current School: _____ Grade: _____

Referral Source: _____

Name of Parent/Guardian/ Application Employer: _____

Number of People in Household: _____ Siblings _____ Parent _____ Other _____

SCHEDULING INFORMATION

EACH STUDENT RIDES ONE TIME PER WEEK ON THE SAME DAY, AND AT THE SAME TIME; EACH SESSION LASTS FROM 30 MINUTES – 1 HOUR AND A HALF.

For scheduling purposes, please fill in ALL the times you or your child will be available to ride on each day. Please note that after school hours and Saturday mornings are our busiest times.

Monday: Not Available Fall 2018 Tuesday: Not Available Fall 2018

Wednesday: _____ Thursday: _____

Friday: _____

Please note Monday – Saturday schedules will open up largely in the Spring 2018.

Does Applicate have/had a history of: circle all that apply

- Family Divorce Family Separation Anxiety Grief Loss Depression Learning Disabilities**
Anger Conflict Gangs Domestic Violence School Violence Community Violence Truancy
Personal Substance Abuse Parental Substance Abuse Neglect Verbal Abuse Physical Abuse
Sexual Abuse Suicide Attempts Suicide Threats Adoption Foster Care Military
Other _____

Please tell us how you think the applicant will benefit from the program. List any goals/ improvements you/they may have.

(please use back of page if needed)

What motivates the applicant to strive to do their best?

What are the applicants likes and dislikes? (Hobbies, colors, favorite foods, pets)

I, _____, verify that the information above is true and accurate.

Parent/Guardian Signature _____ *Date* _____