

**ALL FORMS IN THIS PACKET  
MUST BE COMPLETED,  
SIGNED AND  
RETURNED BY MAIL TO:**

**Big Brothers Big Sisters NEO  
8 North State Street  
Suite 360  
Painesville, Ohio 44077**



**BIG BROTHERS BIG SISTERS OF NORTHEAST OHIO**

8 North State St. Suite 360 Painesville, OH 44077)

ASHTABULA, LAKE AND GEAUGA COUNTIES

(440) 352-2526 or (800) 222-2440

**CLIENT APPLICATION - CONFIDENTIAL**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip code) (County)

School \_\_\_\_\_ Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Information about Custodial Parent/Guardian**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Address & telephone if different than child's \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Employer Phone \_\_\_\_\_ Can phone calls be received? \_\_\_\_\_

Hours at work \_\_\_\_\_ Occupation \_\_\_\_\_

Do you plan to remain in this area for the next 2 years?  
\_\_\_\_\_

**Marital History: Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes: Please provide information about this parent. Biological \_\_\_\_\_ Step \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone # if different \_\_\_\_\_

Address if different than child's: \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Employer's Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Hours at work \_\_\_\_\_ Can phone calls be received?  
\_\_\_\_\_

Is absent parent incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide information about biological parent, if different than above.

Name \_\_\_\_\_ Married From \_\_\_\_\_ to \_\_\_\_\_ Divorce \_\_\_\_\_ Death \_\_\_\_\_

Current address: \_\_\_\_\_ When did child last see parent? \_\_\_\_\_





**BIG BROTHERS BIG SISTERS**  
*of Northeast Ohio, Inc.*

**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_  
(NAME OF CHILD) (BIRTHDATE)

\_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

I, \_\_\_\_\_  
(NAME OF PARENT/GUARDIAN)

do hereby authorize \_\_\_\_\_  
(SCHOOL AND GRADE)

to give Big Brothers Big Sisters of Northeast Ohio, Inc., information concerning my child's background. Big Brothers Big Sisters of Northeast Ohio, Inc. agrees to treat this information as confidential for its use in their organization, to be shared only with the other match partner.

I hereby release the above school of any liability and obligation in respect to laws governing confidential information. I understand that this authorization is valid for the duration of my child's match or as long as Big Brothers Big Sisters of Northeast Ohio, Inc. is providing services to my child. This authorization may be revoked at any time, but must be done so in writing. If I revoke this authorization, I understand that all information will cease to be released.

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)