



**Southern
Christian**
CHILDREN'S HOME

VISIT RESOURCE APPLICATION

Name Mr. Mrs. Miss _____ Date of Birth _____

Address _____ Home phone _____

Cell phone _____

Employer _____ Occupation _____

Spouse _____ Cell Phone _____

Email Address _____

Church attending _____

Minister's name, address and phone _____

Length of residence in Arkansas: _____

Please list an emergency contact. _____

Sex and age of child desired (or a specific child) _____

Please describe the extent of involvement you desire (overnight, out for dinner, etc)? _____

Please explain your interest for having a Southern Christian Home child visit with you.

OTHERS IN YOUR HOME

NAME	DATE OF BIRTH	RELATION TO YOU
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

<u>NAME</u>	<u>COMPLETE ADDRESS</u>	<u>TELEPHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directions to your home: _____

Is there anyone in the house that smokes? _____

Do you have any pets? _____ Please specify. _____

Keep in mind that a TB skin test (within a year), a criminal background check, a child maltreatment registry check, (possibly an FBI check), a copy of driver's license and a home study are needed too.

Signature of person completing form

Date