



Big Brothers Big Sisters of Northwest Georgia Mountains

PARENT/YOUTH INQUIRY RECORD

Date of Inquiry: _____ Staff Taking Inquiry: _____

Guardian's Name: _____ Marital Status: Single Married Separated Divorced Widowed

Client's Name: _____ Age: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____

How did you hear about the program? Is this a referral? Name of person or agency referring.
What is the primary reason for you wanting your son/daughter to have a Big Brother/Big Sister?

Do you feel your son or daughter has any conditions that will affect him or her relating to a Big Brother/Big Sister? If yes, briefly explain.

When and where would it be most convenient to talk with you and your son or daughter?

Interview Date: _____ Time: _____ Location: _____

Enrollment Staff Assigned: _____

CLIENT ELIGIBILITY ASSESSMENT

In order for a child to be accepted into the Big Brothers Big Sisters program, our casework manual specifies that the following conditions must be met.

____ The child must be a resident of Whitfield, Murray, or Forsyth County for a minimum of six months.

____ The child shall be between the ages of six and twelve years old.

____ The child shall be from a family situation lacking involved supportive participation of two parents.

____ The child shall be in a situation where all custody issues are clearly resolved.

____ The child shall be willing and capable of supporting a match relationship.

____ The child shall show no evidence of severe psychological problems, drug/alcohol addiction, or severe developmental disability which would prevent his/her participation in a normal match relationship.

____ Both the child and the custodial parent shall desire our service.

____ A male must have contact less often than every six weeks with his father.