



Big Brothers Big Sisters of Northwest Arkansas
Community Based Referral & Permission from Parent/Guardian

Child's Name: _____ Date of Birth: ____/____/____ Gender: Male____ Female____

Home address: _____ Phone: _____

Parent/Guardian Name: _____ Relationship to child: _____

Cell phone: _____ Email Address: _____

Place of Employment _____ Work Phone: _____

Others living in the home (children and adults):

Table with 3 columns: Name, Age, Relationship to child. Includes three empty rows for data entry.

Is there a parent or stepparent currently incarcerated in a Federal or State Correctional System? Yes or No If yes, please document the individual's first and last names, relationship to the child, and the correctional facility where they are located:

Does your child have a parent or stepparent with military involvement?

- No Yes: Deceased (Line of Duty)
Yes: Retired/Veteran Yes: Active Deployed? Yes or No

Has your child had any involvement with the Juvenile Justice System? Yes or No If yes, please describe the involvement:

Does your child have an IEP? No or Yes If yes, what qualifies your child for the IEP? _____

Has your child been diagnosed with a mental health diagnosis such as depression, PTSD, Autism, Asperger's Syndrome, ODD, or PDD? No or Yes If yes, what is the mental health diagnosis? _____

Does your child see a counselor or therapist? No or Yes If so, who? _____

My child could benefit from encouragement in the following areas:

School performance____ Classroom behavior ____ Low self- esteem____ Other_____

In what specific ways do you think a "Big Brother" or a "Big Sister" could benefit your child? _____

What is your child's understanding about the program? _____

YES, I agree to the above and would like my child/dependent to participate in the Big Brothers Big Sisters NWA Community-based mentoring program.

Parent/Guardian Signature: _____ Date: _____

Agency Demographic Survey

This information is confidential and is used strictly as a survey to determine demographic trends among volunteers, clients, and families served by Big Brothers Big Sisters Agencies of America. (Big Brothers Big Sisters does not discriminate against age, race, color, religion, national origin, gender, marital status, sexual orientation, veteran status or disability.)

Please complete with child's information:

Ethnicity: (circle one)

- American Indian or Alaska Native
- Asian
- Black
- Hispanic
- Multi-race
- Multi-race (including Black and Asian)
- Multi-race (including Black and Hispanic)
- Multi-race (including Hispanic and Asian)
- Multi-race (including White and Asian)
- Multi-race (including White and Black)
- Multi-race (including White and Hispanic)
- Native Hawaiian and Other Pacific Islander
- White
- Some Other Race

Family Income Level: (circle one)

- Less than \$10,000 \$10,000- \$14,999 \$15,000- \$19,999 \$20,000- \$24,999
- \$25,000 to \$29,999 \$30,000- \$34,999 \$35,000- \$39,999 \$40,000- \$44,999 \$50,000- \$59,999
- \$60,000- \$74,999 \$75,000- \$99,999 \$100,000- \$124,999 \$125,000- \$149,999 \$150,000- \$199,999
- \$200,000 or more

How did you hear about us?

Internet_____ Advertisement_____ Event_____ Friend_____ School_____ Other_____

Grade in school: (circle one) K 1 2 3 4 5 6 7 8 9

Name of school: _____

Living situation: (circle one) Two parent One parent: Female One parent: Male
Other Relative Group Home Foster Home Institution Grandparents
Sibling Guardian Two parent: Not Married Two Mothers Two Fathers

Does your child receive free or reduced lunch at school? Yes No Financial assistance? Yes No

Big Brothers Big Sisters of Northwest Arkansas
91 W. Colt Square, Suite 1, Fayetteville, AR 72703 Email: bbbsnwa@bbbsnwa.org
Phone: (479) 966-4366 Fax: (479) 966-4382 Website: www.bbbsnwa.org



United Way Agency