



Parents for Change Program

APPLICATION FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

How long have you lived at this residence? _____

Cell Phone: _____ E-Mail Address: _____

What is your approximate household income?

\$0-\$9,999 \$10,000-\$24,999 \$25,000-\$39,999 more than \$40,000

Ethnicity (please circle): Hispanic/Latino Black/African American White/Caucasian
American Indian Asian/Pacific Islander Unspecified (Other)

Are you currently or have you ever been enlisted in any branch of the military? Yes No

CHILD SUPPORT CASE INFORMATION

Name of Court Case: _____

Do you have any other open child support cases? Yes No

If yes, please list names the names of cases and the county those cases are located: _____

What is your current monthly child support obligation for this case? _____

Are you further than three months in arrears in your support? Yes No

If yes, what civil or criminal actions have been taken against you as a result of your arrears? _____

EMPLOYMENT/EDUCATION

Are you employed? Yes No

If yes, please check: full-time part-time

Name of employer _____ Work Phone: _____

Is there a current Incoming Withholding in place? Yes No

If yes, amount being withheld from you paycheck. _____

Are you a student? Yes No

If yes, please check: full-time part-time Name of School: _____

Did you graduate from high school? Yes No

If no, please explain: _____

Please list the last 6 months of employers:

1) Employer: _____ Supervisor's Name: _____

Reason for leaving: _____

2) Employer: _____ Supervisor's Name: _____

Reason for leaving: _____

3) Employer: _____ Supervisor's Name: _____

Reason for leaving: _____

4) Employer: _____ Supervisor's Name: _____

Reason for leaving: _____

HEALTH

How would you rate your health? Excellent Average Poor Very Poor

Are you currently taking any medication? Yes No

If yes, please list the medications and reason for use: _____

Are you currently under the care of a physician or mental health practitioner? Yes No

If yes, please provide the name and address of the provider: _____

Are you currently or have you been in the past year under the care of a physician that has kept you from being employed? Yes No

If yes, please provide the name and address of the provider along with what condition: _____

Do you have any physical limitations or have you been diagnosed with a mental health disorder or substance abuse disorder? Yes No

If yes, please explain: _____

SUBSTANCE ABUSE

Do you smoke or use smokeless tobacco products? Yes No Packs per day? _____

Have you consumed alcohol? Yes No

If yes, indicate first time used and last time used: _____

Have you used any other drugs? Yes No

If yes, indicate first time used and last time used: _____

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ASSURANCES

I have completed this application and the information I have provided is true. I understand that any misrepresentation of the information I have provided may constitute rejection of my application for the Pretrial Diversion Program or may cause immediate termination from the Pretrial Diversion Program at any time after I am accepted.

Participant's Signature

Date



Parents for Change Program

ACKNOWLEDGEMENT OF PROGRAM IMMUNITY

I acknowledge that the employees, volunteers and community service providers involved in the Seward County Parents for Change program are not liable for any personal injury I may sustain while working to complete the requirements of the program.

Diversion Participant's Signature

Date



Parents for Change Program

RELEASE OF INFORMATION

The purpose of client information is to determine participant's needs in the Parents for Change program, and to document progress. All client information is confidential. No information may be released to third parties without written authorization as expressed below, except in cases of suspected child abuse and neglect and court subpoenas.

I hereby authorize: Seward County Pretrial Diversion, 261 S 8th Street, Seward, NE 68434

To release information to:

- Deputy Seward County Attorney or Seward County Attorney
- Child Support Enforcement Officer
- Attorney_____
- Other_____

Purpose or need for disclosure: Case Planning, Insurance, Follow up, Court Proceedings, and Pretrial Diversion Services.

This authorization to release information will be effective for 1 year from the date of this release. I further understand that this authorization may be revoked by me at any time by my notice **in writing**, to the Seward County Pretrial Diversion Program Director.

Signed_____ Date_____
(Participant)

Program Representative_____ Date_____