



408 Mitchell Rd Bowling Green Ohio 43551 | 419-350-1036 | [thenestbg.com](http://thenestbg.com)

Date of Application \_\_\_\_\_ Due Date (If pregnant) \_\_\_\_\_

### PARENT INFORMATION

Name of Enrolling Parent: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Contact: _____ (If unable to be reached at above number.)
School Attending: _____
Highest grade completed (circle) : 8 9 10 11 12 13 14 15 16 Other: _____
Starting Date of Classes: _____
Projected Date of Graduation: _____
Name of School Counselor or Advisor: _____

### CHILD #1 INFORMATION

Name of Child: _____
Date of Birth: _____ Child's Gender: _____
Child's Social Security #: _____
Race: African American _____ Caucasian _____ Asian _____ Hispanic _____
Birth Weight: _____
Complications during pregnancy or at birth: _____ yes _____ no
If yes, explain: _____

**CHILD #2 INFORMATION**

Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Child's Gender: \_\_\_\_\_  
Child's Social Security #: \_\_\_\_\_  
Race: African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Birth Weight: \_\_\_\_\_  
Complications during pregnancy or at birth: yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**LIVING ARRANGEMENTS**

Enrolling parent lives with: Parents \_\_\_\_\_ Alone \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_  
If "Other", please explain:

\_\_\_\_\_

Number of persons living in household: \_\_\_\_\_

List all adults living in the home:

Name	Age	Sex (M/F)	Relation to Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all children living in the home:

Name	Age	Sex (M/F)	Relation to Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is enrolling parent? Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Transportation arrangements: Own car \_\_\_\_\_ Bus \_\_\_\_\_ Parents \_\_\_\_\_  
Other \_\_\_\_\_. If other please explain: \_\_\_\_\_

**PUBLIC ASSISTANCE/FINANCIAL**

Have you applied at Lucas County Jobs and Family Services for any of the following?

Medicaid \_\_\_\_\_ Childcare Reimbursement \_\_\_\_\_ Food Assistance \_\_\_\_\_  
Cash Assistance \_\_\_\_\_ Other \_\_\_\_\_

If "Other", please explain:

Date applied: \_\_\_\_\_ Case #: \_\_\_\_\_

Caseworker \_\_\_\_\_

How do you financially support yourself and your child(ren)? (Check all that apply.)

Parents \_\_\_\_\_ Public Assistance \_\_\_\_\_ Child Support \_\_\_\_\_

Financial Aid/Student Loans \_\_\_\_\_ Work/Study Program \_\_\_\_\_

Other Employment \_\_\_\_\_

Place of employment:

How many hours a week do you work? \_\_\_\_\_

What is your hourly rate? \_\_\_\_\_

Are you currently enrolled in any community programs or agencies? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

Is your child currently enrolled or been involved in any community programs such as *Early Intervention* or *Help Me Grow*? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Where did you hear about *The Nest B.G.* ?

Family Member\_\_\_\_\_ Friend\_\_\_\_\_ School \_\_\_\_\_Community Agency\_\_\_\_\_  
(which agency?)\_\_\_\_\_ Hospital \_\_\_\_\_ Clinic \_\_\_\_\_

*You are so close to beginning an exciting chapter of your life at the Nest.*

*Once we receive this application, we will schedule an interview.*

*Please be aware that you are required to provide the following at the time of your interview.*

## **REQUIREMENTS**

- Copy of Current School Schedule
- Copy of You and Your Child’s Birth Certificates and/or Social Security Numbers
- Current Driver’s License or Ohio I.D.
- Proof of Income Eligibility (Pay stubs, current assistance)
- Any Applicable Custody Papers

*Thank you for your time. We look forward to getting to know you more.*

*The Nest Bowling Green  
“Empowering Young Families to Take Flight.”*