



GUARDIANS OF HOPE APPLICATION FOR SERVICES

Non-Residential Parent

To type, click the grey box and enter the information then tab over to the next box. Otherwise, print the document and write your information and sign the form.

Offsite: OR Onsite: Group Visitation Private Visitation

Name:		DOB:	
Cell Phone:		Home Phone:	
Address:	City:	TX	Zip Code:
Email:		Fax Number:	
SSN:	DL#:		
Vehicle Make and Model:		Color:	License Plate:
Employer:		Work Phone:	
Annual Gross Income			
Emergency Contact:		Phone:	
Attorney's Name:		Office Phone:	
Attorney's Address:		City:	TX Zip:
Attorney's Email:		Fax:	
Residential Parent's Name:			
Cell Phone:		Home Phone:	
Residential Parent's Email:			
Child(ren)'s Name(s)	M/F	Age	DOB
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		

Child(ren)'s Medical Needs:		
Allergies to Food, etc.:		
Amicus/Ad Litem Name:		
Office Phone:	Cell Phone:	Fax No.:
Email:		
Child's Therapist's Name:		Fax No.:
Therapist's Phone:	Email:	
Forensic Psychiatrist's Name:		
Forensic Psychiatrist's Phone No.:	Email:	
Reason(s) for supervised visitation or other pertinent information pertaining to visitation:		
Person Responsible for Payment:		
Supervision Referral Source: <input type="checkbox"/> Court <input type="checkbox"/> CPS <input type="checkbox"/> Other:		

By signing below, I am agreeing to use Guardians of Hope's services for visitation with my child(ren). I understand that I must complete and sign the Visiting Parent Guidelines and the Fee Schedule in addition to this Application for Services prior to any visitation occurring.

Signature of Non-Residential
Parent/Guardian

Date