



ISAAC'S POWERHOUSE

The Benjamin School Parent PowerHouse Isaac's House PowerHour

PARENT POWERHOUSE INTAKE APPLICATION

(REV. 11/2009)

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: () _____ - _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

How did you hear about the PowerHouse? _____

How many children are you responsible for? _____

What relation, if any, is each child to you? _____

Are you the legal guardian of the child? YES NO

Are you employed? YES NO If so, where? For how long? _____

ABOUT YOUR CHILD

What school does your child attend? _____

What county is the school in? _____

What classes does your child currently take? _____

Which teachers are assigned to those classes? _____

What time does your child get out of school daily? _____

How does your child get to and from school? _____

IS YOUR CHILD IN NEED OF THE FOLLOWING? (*choose all that apply*)

- | | |
|----------------------------------|--|
| <input type="radio"/> Tutoring | <input type="radio"/> Physical training/ Nutritional Support |
| <input type="radio"/> Mentorship | <input type="radio"/> Confidence Building/Social Networking |
| <input type="radio"/> Internship | <input type="radio"/> Spritual Leadership |

Does your child have household responsibilities? _____

Does your child participate in extracurricular activities? If so, which ones? _____

What, if any, challenges does your child face in the following areas: *(choose all that apply)*

- | | | | |
|------------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Academic | <input type="radio"/> Social | <input type="radio"/> Physical | <input type="radio"/> Other: _____ |
| <input type="radio"/> Disciplinary | <input type="radio"/> Spiritual | <input type="radio"/> Cultural | _____ |
| <input type="radio"/> Motivational | <input type="radio"/> Emotional | <input type="radio"/> Family/House | _____ |

Are there any other individuals authorized to care for your child? YES NO

Name and Contact information: _____

ABOUT YOU

What is your marital status? Single Married Divorced Widowed

Are you currently in a committed relationship? _____

Do you live in the same location as your significant other? YES NO

How active a role does your significant other/spouse play in your child's life? _____

WHAT, IF ANY, CHALLENGES HAVE YOU ENCOUNTERED IN RAISING YOUR CHILD? *(choose all that apply)*
Of the areas selected, rank them in order of significance, from the most significant challenge, to the least.

- | | | | |
|------------------------------------|-------|--|-------|
| <input type="radio"/> Academic | _____ | <input type="radio"/> Substance Abuse | _____ |
| <input type="radio"/> Disciplinary | _____ | <input type="radio"/> Absent Parent | _____ |
| <input type="radio"/> Motivational | _____ | <input type="radio"/> Lack of Employment | _____ |
| <input type="radio"/> Social | _____ | <input type="radio"/> Lack of Education | _____ |
| <input type="radio"/> Spiritual | _____ | <input type="radio"/> Absent Extended Family | _____ |
| <input type="radio"/> Emotional | _____ | <input type="radio"/> Childcare | _____ |
| <input type="radio"/> Physical | _____ | <input type="radio"/> Financial | _____ |
| <input type="radio"/> Cultural | _____ | <input type="radio"/> Other: | _____ |
| <input type="radio"/> Family/House | _____ | | _____ |

Have you ever had outside assistance for addressing any of these challenges in the past? YES NO

What type, when, any progress? _____

If selected for the Parent Power Program, are you committed to addressing these challenges aggressively? Y N

How much time per week are you willing/able to spend addressing these issues? _____

Do you consider yourself a Christian? YES NO

Do you attend church? YES NO Are you affiliated with any church? YES NO

Are you willing to submit to a background check? *(Results will not impact success of applicant)* YES NO

What do you hope to get out of the ParentPower Program?

WHERE DO YOU SEE YOURSELF RIGHT NOW IN YOUR DEVELOPMENT IN THE FOLLOWING AREAS:
(Rank each from 1 to 10, 1 being furthest from your goals, 10 being at your goals.)

Career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property Ownership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHERE DO YOU SEE YOURSELF TWO YEARS FROM NOW IN THE FOLLOWING AREAS: *(describe)*

Career _____

Spiritual _____

Education _____

Financial _____

Property Ownership _____

Personal Life _____

Parental Role _____

Please return completed form to Isaac's PowerHouse:

Fax: 404.636.8672

E-mail: info@isaacspowerhouse.org

Mail: P.O. Box 902, Hiram, Georgia 30141