



CUSTODIAL PARENT/GUARDIAN

Full legal name: _____
Last First Middle

Your social security number _____

Address: _____
Number Street City State Zip

Phone Numbers: _____
Home Work Cell Other

Best times/days to reach you: _____

How did you hear about the center? _____

I understand; acknowledge that the information provided on this form is accurate to the best of my knowledge. I understand that in submitting this form, there is not a guarantee of services. I also understand that more information may be obtained as the application process continues. I agree to inform the Center of child custody issues that may require joint involvement of another parent or legal guardian, the child is successfully matched with a Nevada United for Youth Mentor.

I also understand that the application and screening process may take several weeks and will include a home visit, interviews with family members in addition to the child. This may include school grade reports, records from juvenile probation, mental health (counseling) records, medical records, court documents and other legal documents and all other needed documentation to complete processing of this request.

I give my permission for the Nevada United for Youth Mentor Center to contact the Clark County School District, or any other agency with information regarding my child, _____
(name of child).

Signature of parent/guardian completing form

Today's Date

NEVADA UNITED FOR YOUTH
2921 N. TENAYA WAY, SUITE 218, LAS VEGAS, NV 89128
PHONE 702.420.6970 FAX 702.255.2382