

# VISITING HOME APPLICATION

## CENTRAL CHILDREN'S HOME OF NORTH CAROLINA, INC.

Date \_\_\_\_\_

Last Name \_\_\_\_\_

Wife \_\_\_\_\_

Address \_\_\_\_\_

Husband \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

County \_\_\_\_\_

Directions to Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Husband: Age: \_\_\_\_\_

Wife: Age: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

### Own Children:

Name	Sex	Age	Check Those at Home

### Others in Household:

Name	Sex	Age	Relationship

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Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_

Age and Sex of Child You Prefer: \_\_\_\_\_

(We do not have children under 6 yrs. of age.)

How did you become interested in the Visiting Home Program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had children visit you before from the Central Children's Home? \_\_\_\_\_

When? \_\_\_\_\_

References: List three other than your Pastor (Non Relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Husband's Signature \_\_\_\_\_

Wife's Signature \_\_\_\_\_