

CO-PARENT APPLICATION  
SHARED PARENTING PROGRAM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

Please list the other members of your household:

Is your home barrier-free? Yes \_\_\_\_\_ No \_\_\_\_\_

Why are you interested in participating in the Shared Parenting program?

Have you discussed the Shared Parenting program with your family and if so, what was their response?

Do you wish to co-parent a particular applicant? If so, who?

Do you know of any other families who would be interested in learning more about the Shared Parenting program?