



ACES Mentor Program
Mentee Application

The following questionnaire was designed to help successfully match Mentor & Mentee Families. All information that you provide is confidential. If you are not comfortable answering any questions, please leave them blank. If you have any questions about this application, please contact ACES at info@aceskids.org or call 864-322-2495. Send completed applications to ACES, P.O. Box 6652, Greenville, SC 29606

Applicant's Name _____ Age: _____ Year of Birth _____

Marital Status _____

Employment: Occupation/Title: _____ Employer _____

Are You Participating in the Mentor Program? _____

Race _____ Religion _____ (Optional)

Spouse's Name (if applicable) _____ Age: _____ Year of Birth _____

Employment: Occupation/Title: _____ Employer _____

Are You Participating in the Mentor Program? _____

Race _____ Religion _____ (Optional)

Home Address: _____

City, County, State, Zip _____

Home Telephone: (_____) _____ Cell Phone _____

Email Address(es): _____

Primary Contact person is _____ Best way to contact _____

How often would you like to be in contact with your Mentor family? (Circle One)

Daily Weekly Bi-Weekly Monthly As needed

Children Living With You: (Use separate sheet of paper for additional children)

Birthyear Sex Adopted-Y/N Country Race Any special needs?

Adoption Information

Are you currently in the process of adopting? _____

If yes, which adoption agency are you using? _____

What country are you adopting from? _____ What age child do you plan on adopting? _____

Are you currently matched with an identified child? _____

If no, and you have previously adopted, what adoption agency did you use? _____

What country did you adopt from? _____

When was your adoption completed and how old was your child(ren) at the time of adoption?

About you

Adoption characteristics your family is/anticipates experiencing. (Check all that Apply)

Education

Learning Disabilities School Issues/IEP Special Education

Health

ADD/ADHD Developmental Delays Cleft Lip/Palate
 Feeding Issues HIV/AIDS Physical Disabilities
 Prenatal Drug/Alcohol Exposure Sensory Integration Disorder Speech Problems

Parenting

Foster Parenting Kinship Care Single Parent Adoption
 Step Parent Adoption Transracial Adoption

Siblings and Birth Family

Birth Parent Change in age/birth order Children same age
 Open Adoption Sibling Adoption Sibling Separation
 Sibling Connections (Maintained)

Special needs

Allegations Attachment/RAD Auditory Processing Disorder (CAPD)
 Bi-polar Emotional Problems FAS/FASD or ARND
 Mental Health ODD Physically Abused Children
 Sexually Abused Children Sexual Acting Out Sexual Identity Issues
 Violent Behavior

Therapy (Child or Family)

Counseling/therapy Speech Therapy Physical Therapy Occupational Therapy

Miscellaneous

Adoption Disruption/Dissolution Infant Domestic Adoption Multiple Placements
 Older Child Adoption Interstate Adoption (ICPC)
 Toddler Adoption

Is there anything else you would like us to know? _____

What characteristics do you feel are most important for you to be matched with a Mentor family? Use above list & those listed below.

Adoption Agency Used Country adopted from Frequency of Contact
 Marital Status Number of Children Occupation
 Race of Children Race of Parents Religion
 Same age children Same age Parents Other _____

Date signed _____

Applicant signature

Spouse signature