



## CAMP HOPE AMERICA, SAFE FUTURES PARTNER AGENCY NOMINATION FORM

We're excited that you've chosen to nominate a child to participate in Pathways to Hope and Camp HOPE America. Please answer the following questions to help us get to know this child. The program director will contact the family to schedule a meet and greet to determine if it is a great fit! Please submit completed forms to InterAct by email: [camphope@interactogfwake.org](mailto:camphope@interactogfwake.org) or fax: 919-828-8304.

### Provider information

Name: Click or tap here to enter text. Relationship to the child: Click or tap here to enter text.

Phone number: Click or tap here to enter text. Email address: Click or tap here to enter text.

### Caregiver information

Name of child's parent or guardian: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email address: Click or tap here to enter text.

### Child's information:

Child's Name: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

What services is this child currently receiving? Click or tap here to enter text.

How long ago did this child witness domestic violence or abuse? Click or tap here to enter text.

How does this child respond to conflict or not getting his or her way? Click or tap here to enter text.

Does this child have any known behavioral issues? If yes, please describe. Click or tap here to enter text.

What do you believe the child/family would gain from involvement in Camp HOPE America? Click or tap here to enter text.