1. Name___________________________________ DOC#________________ Housing Unit_____________

2. Anticipated release date (if known)_________________________________________________________

3. Release town/city _____________________________________ State __________________________
   County ______________________________________________

4. Do you have any younger family members (5-18) who are on your approved visitor list? This may include children, stepchildren, nieces, nephews, siblings or grandchildren.
   ____  No  If no, please make an appointment with the 4-H LIFE Youth Program Associate.
   ____ Yes  If yes, please fill out the chart below.

5. Put a check under the category that describes your living arrangements with the child(ren) before your incarceration at this facility. Optional: Please describe contact (example: phone calls).

<table>
<thead>
<tr>
<th>Name and age of children under 19* who may visit you here. This may include step/grand/children, nieces, nephews or siblings.</th>
<th>This child lived with me.</th>
<th>This child did not live with me, but we had regular, in person contact.</th>
<th>This child did not live with me, but we had occasional contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Child’s age as of December 31st of this year</td>
<td>This child lived with me.</td>
<td>This child did not live with me, but we had regular, in person contact.</td>
<td>This child did not live with me, but we had occasional contact.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #1:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #2:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #3:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child #4:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
6. Please list caregiver contact information for all each child visitor. This helps us to enroll them in University of Missouri Extension’s 4-H LIFE Program and other 4-H camps and conferences.

Child # 1 name_________________________________  Caregiver (CG) name: ______________________________

CG home phone # _____________________________  Best day/time to call home # _____________________________

CG cell phone # _____________________________  Best day/time to call cell # _____________________________

CG address, including city, state, zip ________________________________________________________________

CG email ____________________________________________________________

Adult most likely to bring child to visit if different from caregiver listed above ______________________________

Adult home phone # _____________________________  Best day/time to call home # _____________________________

Adult cell phone # _____________________________  Best day/time to call cell # _____________________________

Adult address, including city, state, zip ________________________________________________________________

Adult email ____________________________________________________________

Child's interests/hobbies and personal strengths ____________________________________________________________


Child # 2 name_________________________________  Caregiver (CG) name: ______________________________

CG home phone # _____________________________  Best day/time to call home # _____________________________

CG cell phone # _____________________________  Best day/time to call cell # _____________________________

CG address, including city, state, zip ________________________________________________________________

CG email ____________________________________________________________

Adult most likely to bring child to visit if different from caregiver listed above ______________________________

Adult home phone # _____________________________  Best day/time to call home # _____________________________

Adult cell phone # _____________________________  Best day/time to call cell # _____________________________

Adult address, including city, state, zip ________________________________________________________________

Adult email ____________________________________________________________

Child's interests/hobbies and personal strengths ____________________________________________________________

Child # 3 name ___________________________  Caregiver (CG) name: _____________________________

CG home phone # ___________________________  Best day/time to call home # ___________________________
CG cell phone # ___________________________  Best day/time to call cell # ___________________________
CG address, including city, state, zip ______________________________________________________________
CG email _____________________________________________________________________________________

Adult most likely to bring child to visit if different from caregiver listed above __________________________

Adult home phone # ___________________________  Best day/time to call home # ___________________________
Adult cell phone # ___________________________  Best day/time to call cell # ___________________________
Adult address, including city, state, zip ______________________________________________________________
Adult email _____________________________________________________________________________________

Child's interests/hobbies and personal strengths ______________________________________________________

------------------------------------------------------------------------------------------------------------------------

Child # 4 name ___________________________  Caregiver (CG) name: _____________________________

CG home phone # ___________________________  Best day/time to call home # ___________________________
CG cell phone # ___________________________  Best day/time to call cell # ___________________________
CG address, including city, state, zip ______________________________________________________________
CG email _____________________________________________________________________________________

Adult most likely to bring child to visit if different from caregiver listed above __________________________

Adult home phone # ___________________________  Best day/time to call home # ___________________________
Adult cell phone # ___________________________  Best day/time to call cell # ___________________________
Adult address, including city, state, zip ______________________________________________________________
Adult email _____________________________________________________________________________________

Child's interests/hobbies and personal strengths ______________________________________________________

------------------------------------------------------------------------------------------------------------------------
7. Optional: Please list your personal interests, hobbies and strengths.

8. Required: By signing below, I will do my best to serve as a strong and active 4-H leader.

___________________________________________ ____________________
Signature       Date

Please return this to:

Name and Address

Thank you!