

Host Application

PLEASE SELECT THE COUNTRY OF HOST CHILD

PLEASE SELECT THE PURPOSE OF APPLICATION

All information is kept strictly confidential and used only for the purpose of assessing your hosting qualifications.

HOST FAMILY INFORMATION: *(Used as your hosting location for airport arrival selection and primary contact information)*

Street Address _____ City _____ State _____

Zip Code _____ Home Phone # (____) - ____ - _____ Cell Phone # (____) - ____ - _____

Primary E-mail _____ Marriage Date _____

HOST FATHER:

Last Name _____ Middle Name _____ First Name _____

Other Names Known By: _____

Age _____ Date of Birth _____ Place of Birth _____ Citizenship _____

Hair Color _____ Weight _____ Social Security # _____ NA - ____ - _____ Race _____

Driver License Number _____

Education _____ Occupation _____ Employer _____

Work Address _____ City _____ State _____ Zip Code _____

Work Phone Number (____) ____ - _____ Work Email _____

Work Fax Number (____) ____ - _____ Length of Employment _____ yrs.

Annual Salary \$ _____ Additional income \$ _____

Previous Marriage Dates _____ Divorce Dates _____

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HOST MOTHER: *(Host mother's first and last name will be the PRIMARY ACCOUNT HOLDER'S name in our database.)*

Last Name _____ Middle Name _____ First Name _____

Other Names Known By: _____

Age _____ Date of Birth _____ Place of Birth: _____ Citizenship _____

Hair Color: _____ Weight: _____ Social Security # NA - _____ - _____ Race _____

Driver License Number: _____

Education _____ Occupation _____ Employer _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone Number (____) _____ - _____ Work Email _____

Work Fax Number (____) _____ - _____ Length of Employment _____ yrs.

Annual Salary \$ _____ Additional income \$ _____

Previous Marriage Dates _____ Divorce Dates _____

CHILDREN IN YOUR HOME:

Name _____ DOB: _____ Age _____

Living with you _____ Adopted/Biological _____

Name _____ DOB: _____ Age _____

Living with you _____ Adopted/Biological _____

Name _____ DOB: _____ Age _____

Living with you _____ Adopted/Biological _____

Name _____ DOB: _____ Age _____

Living with you _____ Adopted/Biological _____

Briefly describe any custody arrangements/issues: _____

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OTHERS LIVING IN YOUR HOME (include relatives, renters, or live in nannies or daycare providers):

Name: _____ Name: _____

DOB: _____ DOB: _____

Relationship: _____ Relationship: _____

Please use a separate sheet to list additional

PETS/ANIMALS:

Briefly describe any pets or animals living inside or outside of your home: _____

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE:

MEDICAL SUMMARY:

This section will aid Project 143 and its governing agencies in determining the physical wellness and capabilities of host parents who are, or may be, caring for children. Please complete the following summary of health problems, conditions, and medication use that may affect your ability to maintain alertness, endurance, and performance of tasks and responsibilities associated with caring for children ages 4 to 16. **Listing health conditions does not automatically disqualify you from hosting! However please note we may ask for an additional statement from your doctor if necessary.**

FATHER'S HEALTH:

Father's General Health: _____

Father's Physician: _____

Physician Address: _____

Please check if you currently have or ever have had any of the following:

Tuberculosis

Cancer

Alcohol or Substance Abuse

Diabetes (type I)

Herpes

Heart Disease

Diabetes (type II)

HIV / Aids

Stroke

High Blood Pressure

Tumor (non-cancerous)

Mental Illness

Hepatitis A

Operations

Seizures

Hepatitis B

Hepatitis C

DEFINE ANY KNOWN HEALTH/MEDICAL PROBLEMS:

Will this condition affect your ability to parent a child/ren? Yes No

Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

Is there a terminal illness that could interfere with your ability to care for a child in the next? 5yrs. 10 yrs. 15 yrs.?

If yes, explain: _____

Current medication(s) and reason for medication: _____

Are there any physical limitations as a result of medication(s)? Yes No

If yes, explain: _____

Will these medications affect your ability to be a successful parent? Yes No

If yes, explain: _____

HEALTH HABITS:

Is there a history of substances used by you and what degree of impairment exists, if any, from the substance abuse? Yes No

Alcohol Yes No | Drugs Tobacco Yes No | Other Yes No

Are you currently undergoing any personal or family counseling? Yes No

If so, comment on the nature of the counseling. _____

MOTHER'S HEALTH:

Mother's General Health: _____

Mother's Physician: _____

Physician Address: _____

Please check if you currently have or ever have had any of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Alcohol or Substance Abuse |
| <input type="checkbox"/> Diabetes (type I) | <input type="checkbox"/> Herpes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Diabetes (type II) | <input type="checkbox"/> HIV /AIDS | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tumor (non-cancerous) | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Operations | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C | |

DEFINE ANY KNOWN HEALTH/MEDICAL PROBLEMS:

Will this condition affect your ability to parent a child/ren? Yes No

Are there any condition(s) that are progressive in nature? Yes No

If yes, explain: _____

Is there a terminal illness that could interfere with your ability to care for a child in the next? 5 yrs. 10 yrs. 15 yrs.?

If yes, explain: _____

Current medication(s) and the reason for medication: _____

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Are there any physical limitations as a result of medication(s)? Yes No

If yes, explain: _____

Will these medications affect your ability to be a successful parent? Yes No

If yes explain: _____

HEALTH HABITS:

Is there a history of substances used by you and what degree of impairment exists, if any, from the substance abuse? Yes No

Alcohol Yes No | Drugs Tobacco Yes No | Other Yes No

Are you currently undergoing any personal or family counseling? Yes No

If so, comment on the nature of the counseling. _____

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE:

LEGAL INFORMATION

If the answer to any of the following questions is "yes", please provide a detailed explanation in the space below or on a separate sheet of paper. Answering yes does NOT automatically disqualify you from participating in the Hosting Program. Failure to disclose material information could make you ineligible to complete the hosting process.

NOTE: Include any traffic offenses such as DUI and Suspended License

Have you ever been questioned, arrested, charged, and/or convicted of any crime including but not limited to shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance, **even if the charges were dropped?**

Father Yes No Mother Yes No

If Yes, please explain: _____

Respond "yes" even if you were not involved or if you initiated the "complaint".

Father Yes No Mother Yes No

If Yes, please explain: _____

Is there any reason that you would not be approved for FBI, State background and/or a child abuse clearance?

Father Yes No Mother Yes No

If Yes, please explain: _____

Do you have a history of drug or alcohol abuse?

Father Yes No Mother Yes No

If Yes, please explain: _____

Has your application to host, adopt or foster parent ever been rejected by any other host organization, adoption, foster or child-placing agency?

Father Yes No Mother Yes No

If Yes, please explain: _____

Have you ever been subject to an unfavorable home study?

Father Yes No Mother Yes No

If Yes, please explain: _____

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Have you ever had parental rights terminated by a court of law?

Father Yes No Mother Yes No

If Yes, please explain: _____

HOME STUDY:

Do you have a current approved home study? Yes No

If yes, please complete the following:

Home Study Agency: _____

Social Worker: _____

Agency Phone Number: _____

Agency Fax Number: _____

Agency Address: _____

Is your home study provider Hague Accredited? _____

HOSTING PREFERENCES:

Desired sex of children to host: _____

Desired age of children to host: _____

Additional Comments: _____

Why are you interested in hosting? _____

Please list the activities you plan to do during the hosting period: (i.e. biking, trips, etc.) _____

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE:

CHILD SAFETY AGREEMENT

This section contains information about the safety of children placed in your care during hosting. **Your signature indicates your acknowledgment and agreement with the safety requirements for host homes as stated below.**

ANIMAL SAFETY:

As children are the primary victims of animal bites, I/we agree to comply with the following mandates listed below to assure the safety of any child placed in my/our home:

- Provide close supervision of children when around animals.
 - Refrain from keeping dangerous or aggressive dogs/pets, in the home, unless properly secured with a leash, fence or cage, etc.
-

GUN SAFETY:

Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in my/our home, I/we agree to the following mandates:

- Secure all firearms in my/our home under lock & key using a commercial brand trigger safety locks available for this purpose.
 - Keep all firearms unloaded and out of the view and reach of children in the home.
 - Never allow children placed in the home to handle guns.
-

MOTOR VEHICLE SAFETY:

Motor vehicle accidents are the leading causes of death for children of all races, ages 5-14, according to national statistics. To ensure the safety of children placed in my/our care, I/we agree to adhere to the following safety precautions while riding or driving motor vehicles:

- Secure children 4 and under in federally approved child safety restraint seat properly installed to manufacturer's instructions.
 - Secure children over 4 years of age in the rear seat of the vehicle with federally approved and properly installed safety seat belts or appropriate car seat
 - Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety belts.
-

SUPERVISION:

Children in care are always required to be supervised by appropriate adult caretakers. In keeping with this requirement, I/we agree to adhere to the following:

- Provide appropriate adult supervision for the children in my/our care at all times
 - Refrain from leaving children placed in my/our care in the supervision of minors.
 - Refrain from leaving children unattended in a motor vehicle.
-

WATER SAFETY:

According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0-24. Host parents whose primary or alternative place of residence is equipped with an in-ground/above ground swimming pool are required to take extra safety precautions with children placed in their care.

TO ENSURE THE SAFETY OF CHILDREN IN OUR HOME, I/WE AGREE TO THE FOLLOWING WATER SAFETY GUIDELINES:

- Know or learn how to swim.
- Ensure direct adult supervision of children when around bodies of water.
- Ensure compliance with any local or state ordinances regarding pools or waterfront property.
- Secure entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children.

NOTE: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE:

DISCIPLINE POLICY

Project 143's policies prohibit the use of corporal or unusual punishment on a child in the home.

To ensure the safety and well-being of the children placed in my/our home, I/we agree to the following:

- Refrain from the use of any corporal or unusual punishment on a child placed in my/our home, including, but not limited to the following: ***spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force-feeding, denying appropriate contact with chaperones, or country representatives, degrading child's country, foster family or culture, or humiliating child; creating fear, anger, and anxiety, locking child in a room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child's property and any other practices which may physically or emotionally damage the child.***
- Seek on-going information/training to build and enhance my/our child behavioral management skills.
- Immediately inform P143 of assistance needed in managing the behavior of a child placed in my/our home, during host period.

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE:

FINAL SIGNATURES

I/we agree to the following:

- We have provided truthful and accurate information on this application.
- We will provide any additional information requested by P143 or the governing Agency as requested.
- We will submit the online background check request within 48 hours of submitting this application.
- I/we understand the submission of an application does not construe final approval to host a child. P143 will provide conditional approval within 1 week of application and online background checks, however, P143 reserves the right for final approval until all clearances and home safety visits have been received.

DIGITAL SIGNATURE: FATHER

DATE:

DIGITAL SIGNATURE: MOTHER

DATE: