



SUMMER PROGRAM

YOUR INFORMATION

FIRST NAME (DO NOT SHORTEN OR ABBREVIATE)

MIDDLE NAME (DO NOT SHORTEN OR ABBREVIATE)

LEGAL LAST NAME

DATE OF BIRTH MM/DD/YYYY

PLACE OF BIRTH AND CITIZENSHIP

SOCIAL SECURITY NUMBER

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

YOUR EMPLOYER

YOUR OCCUPATION

ANNUAL INCOME

EMPLOYER'S ADDRESS: STREET, CITY, STATE, ZIP

DURATION OF EMPLOYMENT

FULL OR PART TIME

CRIMINAL CLEARANCE

Answering **"YES"** to the following question does **not** automatically disqualify you from participating in Host Programs. Providing false answers or deliberately withholding information could negatively affect your application.

Have you **ever** been **arrested** for, **charged** with or **convicted** of any crimes, including, but not limited to, shoplifting, fraud, theft, DUI, DWI, domestic violence, child abuse, assault, aggravated assault, or possession of a controlled substance? _____

If you answered "yes" to the question above, please provide additional information below. Also state whether it was a **misdemeanor** or a **felony**.

	Arrest/Conviction 1	Arrest/Conviction 2	Arrest/Conviction 3
Charge			
Year occurred			
Court Decision			
Sentencing			
Incarceration Time (if any)			
Probation Time (if any)			

Health Information

Answering "YES" to the following questions does **not** automatically disqualify you from being able to host. Providing false answers or deliberately withholding information could negatively affect your application.

Tuberculosis Yes No

Tumor (non-cancerous) Yes No

Cancer Yes No

Heart Disease Yes No

Neuropathy Yes No

Genetic Disease Yes No

Any Operations/Surgeries Yes No

Diabetes:

Type I Yes No

Type II Yes No

Alcoholism Yes No

Substance Abuse Yes No

Seizures Yes No

Impairments:

Vision Yes No

Hearing Yes No

Mobility Yes No

Communicable Diseases:

Herpes Yes No

HIV Yes No

Hepatitis A Yes No

Hepatitis B Yes No

Hepatitis C Yes No

Other _____ Yes No

Mental Conditions:

Bi-Polar Disorder Yes No

Depression Yes No

Anxiety Yes No

Other _____ Yes No

Medical Issue 1:

Condition: _____

Date of Diagnosis: _____

Treatment Received: _____

Prognosis/Outcome: _____

Ongoing treatment, if any: _____

Medication, if any: _____

Medical Issue 2:

Condition: _____

Date of Diagnosis: _____

Treatment Received: _____

Prognosis/Outcome: _____

Ongoing treatment, if any: _____

Medication, if any: _____

Are you taking any medication? _____

If yes, please list below:

1. Medication: _____

Reason: _____

2. Medication: _____

Reason: _____

3. Medication: _____

Reason: _____

4. Medication: _____

Reason: _____

If you answered "yes" for surgeries, please list them:

YOUR CO-APPLICANT'S INFORMATION

FIRST NAME (DO NOT SHORTEN OR ABBREVIATE)	MIDDLE NAME (DO NOT SHORTEN OR ABBREVIATE)	LEGAL LAST NAME
DATE OF BIRTH MM/DD/YYYY	PLACE OF BIRTH AND CITIZENSHIP	SOCIAL SECURITY NUMBER
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS
EMPLOYER	OCCUPATION	ANNUAL INCOME
EMPLOYER'S ADDRESS: STREET, CITY, STATE, ZIP	DURATION OF EMPLOYMENT	FULL OR PART TIME

CRIMINAL CLEARANCE

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If you answered "**yes**" to the question above, please provide additional information below. Also state whether it was a **misdemeanor** or a **felony**.

	Arrest/Conviction 1	Arrest/Conviction 2	Arrest/Conviction 3
Charge			
Year occurred			
Court Decision			
Sentencing			
Incarceration Time (if any)			
Probation Time (if any)			

Provide any additional information, use separate sheet of paper if needed:

Health Information

Answering "YES" to the following questions **does not** automatically disqualify you from being able to host. Providing false answers or deliberately withholding information could negatively affect your application.

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Tuberculosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tumor (non-cancerous) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neuropathy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Genetic Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Operations/Surgeries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes: | | |
| Type I | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type II | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcoholism | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impairments: | | |
| Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communicable Diseases: | | |
| Herpes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis B | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis C | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental Conditions: | | |
| Bi-Polar Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Medical Issue 1:

Condition: _____

Date of Diagnosis: _____

Treatment Received: _____

Prognosis/Outcome: _____

Ongoing treatment, if any: _____

Medication, if any: _____

Medical Issue 2:

Condition: _____

Date of Diagnosis: _____

Treatment Received: _____

Prognosis/Outcome: _____

Ongoing treatment, if any: _____

Medication, if any: _____

Are you taking any medication? _____

If yes, please list below:

1. Medication: _____

Reason: _____

2. Medication: _____

Reason: _____

3. Medication: _____

Reason: _____

4. Medication: _____

Reason: _____

If you answered "yes" for surgeries, please list them:

HOME INFORMATION

STREET ADDRESS, INCLUDING BUILDING OR APARTMENT NUMBERS _____

CITY _____

STATE _____

ZIP _____

Do you have a swimming pool? Yes No If "Yes", is it fenced? Yes No

Do you have any guns in your house? Yes No If "Yes", are they locked? Yes No

Do you have any pets? Yes No If "Yes", please list types: _____

FAMILY INFORMATION

Are you and your co-applicant currently married? Yes No

If married, when: _____ Where: _____

Were there any previous marriages? Yes No If "yes", please list below:

Marriage 1: _____ married to _____ FROM _____ TO _____

Marriage 2: _____ married to _____ FROM _____ TO _____

Marriage 3: _____ married to _____ FROM _____ TO _____

Marriage 4: _____ married to _____ FROM _____ TO _____

Do you have any children? Yes No If "yes", please list below:

CHILD'S NAME	AGE	Biological/ Adopted	Living Arrangements	From this marriage?

Are your children immunized? Yes No

Have you ever terminated your parental rights of a biological or an adopted child? Yes No

If "yes", please provide us with detailed information on a separate sheet of paper.

Are there other people, other than **yourself**, your **co-applicant**, and the children listed above, residing in your household?
 If yes, please provide the following information:

NAME	AGE	RELATIONSHIP	Child abuse record?	Criminal record?

HOMESTUDY AND RELATED INFORMATION

Have you or your co-applicant ever had an unfavorable homestudy? Yes No
 If "yes", please explain:

Do you have a homestudy? Yes No Are you in process of getting one? Yes No
 If "yes", please give us the name of the agency that performed your homestudy and their phone number.

AGENCY NAME
SOCIAL WORKER'S NAME
PHONE NUMBER

Have you ever filed an I-600A or an I-800A form? Yes No (If you don't know what these are, don't worry)

If "yes", what was the outcome? _____ What is the expiration date? _____
 We are interested in being a: Host Family Back-up Host Family Volunteer to help

HOST PROGRAM INFORMATION

Desired age and sex of children to host
 Boy Girl Sibling Group No Preference

Comments: _____

Please note, that while we will attempt to match your preferences as closely as possible, we can't guarantee that your exact preferences regarding a host child can be met.

- I/We are interested in hosting and are aware that children may have issues that require time and attention.
- I/We understand that the hosting fee in the amount of \$2500 per child, (and \$2300 for each additional sibling) covers each child's travel costs, insurance, in-country transportation, document preparation, in-country administrative expenses, visa, and passport expenses.
- I/We understand and agree to submit a \$100 non-refundable application processing fee (one per family).
- I/We understand and agree to submit a \$700 deposit at the time of submission of the supporting documents, which will be refunded to us if we are not approved as a host family.
- I/We understand and agree that if we are approved as a host family, we will submit a second payment of \$800 per child upon deciding whom we are going to host, but no later than May 1st, 2011.
- I/We understand and agree that the final payment bringing our total fee to \$2500 per child, and \$2300 per each additional sibling, is due before June 1st, 2011.
- I/We understand that if chosen as a host family, we must make additional arrangements to meet, pick up, and return host child/ren to the airport at our expense. In addition, we, as a host family, must provide for an adult chaperone to travel with our host child, which could be a chaperone of the program or the host family.

Note: Under extremely rare circumstances, a child may be pulled from the program due to illness or other unavoidable and unforeseeable cause in the child's country of origin. We will do everything in our power to offer an alternate host participant or transfer unspent money to the next hosting program for an affected family. However, many non-refundable program related payments are made to cover airline tickets, passports, visas, train tickets, medical insurance policies etc, throughout the 2 months prior to the arrival of the children which can't be recouped, refunded or used later.

If it is not possible for you to host, and you choose to be a back-up family, you will still need to obtain local police and state child abuse clearances and have a "Home Safety Visit" done by a social worker.

DESCRIPTION	AMOUNT
Document preparation (per participant)	\$222
Appostilization of documents	\$45
Translation and certification of documents in the country of origin	\$160
Child's passport and associated expenses (per child)	\$100
In-country transportation to/from airport (per child)	\$60
Medical insurance	\$75
Child's airfare (estimated)	\$1,300
U.S. Translator fees	\$35
Chaperone's insurance (portion)	\$8
Chaperone's expenses (portion)	\$90
Chaperone's airfare (portion)	\$180
Miscellaneous	\$70
World Links' administrative fee	\$55

