



Courageous Families Hosting Application

Year: Summer 2020

Projected Hosting Dates: **Arrival: June 23-30** **Departure: August 3-6.**

Street Address: _____ City: _____ State: _____ Zip _____

Primary Email: _____ Primary Phone: _____

Father name: _____ DOB _____ Place of birth _____

Citizenship _____ height _____ weight _____ race _____ Driver license # _____

Occupation _____ Employer _____ Work address _____ Work phone _____

Length of Employment _____ Date/place of marriage _____

Number of previous marriages _____ Marriage/Divorce dates _____

Mother name: _____ DOB _____ Place of birth _____

Citizenship _____ height _____ weight _____ race _____ Driver license # _____

Occupation _____ Employer _____ Work address _____ Work phone _____

Length of Employment _____ Date/place of marriage _____

Number of previous marriages _____ Marriage/Divorce dates _____

Children or others in your home: Please list age, DOB, gender, and adopted or biological of all children living in your home as well as your relationship to any other people living in your home.



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Legal Information: If the answer to any of the following questions is “yes”, please provide a detailed explanation. Use an additional sheet if needed.

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?

Mother _____ Father _____ Other adults in your home _____

Is there any reason you or anyone in your home would not be approved for FBI and/or state background checks? _____

Do you or anyone in your home have a history of drug or alcohol abuse? _____

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

Do you have an approved Home Study? _____ Have you ever had an unfavorable Home Study? _____

Have you or anyone in your home had their parental rights terminated by a court of law? _____

Health Information: Please list any and all diagnosis, prognosis, and any medication or treatment prescribed for members of your household. Please used a separate sheet of paper if needed.

Father: _____

Mother: _____

Other members of your household: _____

Please write a statement as to why you are interested in hosting, activities you hope to do while hosting, and the ages and gender you hope to host.



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Families will have training in early June, however here are some basic things to know about hosting:

- **Children’s needs:** I/We are aware that orphan children may have issues that require excess time and attention.
- **Host donations:** I/We understand that the hosting donation in the amount of \$2900 per child and \$2900 for each additional sibling covers each child’s international travel costs, insurance, in-country transportation, document preparation, in-country administrative expenses, visa, and passport expenses. (All donations are tax deductible as Courageous Families is a 501c3 non- profit organization). Fundraisers are encouraged.
- **Host deposits of \$500/child are due in order to reserve a specific child for hosting prior to March 15, 2019.** This is required for a family to “hold” a child for hosting prior to the first commitment deadline of \$500/child by March 15.
- **The remaining \$2400 for hosting expenses are due by Wednesday, May 1, 2019.** All hosting expenses paid to Courageous Families, Incorporated are donations and are non-refundable according to non-profit organization guidelines. These amounts cover all the children’s travel expenses to and from Ukraine. You will be provided with a giving receipt by Courageous Families upon request in order to get the appropriate tax benefits.
- **Transportation:** I/We understand that the host family must make arrangements to meet the host child at the appointed time in the airport with the other host families. We also understand the children must return to the airport at the appointed date/time when departure is scheduled.
- **Sitters:** I/We understand that at least one parent should be home the vast majority of the time. All sitters more than 2 hours should be approved and be limited. Please provide coordinators additional information if there is a question.
- **Tax deductible/No refunds:** I/We understand that all money given/paid by our family to Courageous Families will be used to benefit children and CANNOT be refunded. Receipts for tax purposes will be provided upon request.
- **Photographs:** I/We understand that all photographs utilized of host children and families for Courageous Families is the property of Courageous Families and may be used for promotional purposes. Please do not publically post photos of host children unless they are in a group and unidentified within the picture. A private Facebook group is fine to share more details.
- **Health Insurance:** I/We understand that host families are responsible for medical costs not covered by insurance, which is provided for each child. The insurance provided is a limited coverage medical insurance for travelers.
- **Unforeseeable Circumstances:** *Under extremely rare circumstances, a child may be pulled from the program due to illness or other unforeseeable causes in the child’s country of origin. We will do everything in our power to offer an alternate host child or transfer unspent money to the next host program for an affected family. However many non-refundable program related payments cover airline & train tickets, passports, visa’s, medical insurance, etc. during the prior months of the host child’s arrival which cannot be recouped, refunded or used later.*

PAYMENT SCHEDULE:

- _____ \$50 Intermediate screening background check submitted with application (Findoutthetruth.com)
- _____ \$500/child to “hold” a chosen child for hosting on or before March 15, 2019.
- _____ Remaining \$2400 due by Wednesday, May 1, 2019.

Fees are used for:

Document preparation per participant (Apostille, translate, and certify documents)	\$ 750
Child’s travel & related expenses (flights, train, US Visa, Passport)	\$1700
Medical Insurance	\$ 150
Portion of chaperone expenses	\$ 200
Miscellaneous (vehicle transportation, food, etc.)	\$ 100



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CANCELLATIONS:

- Family cancellations of a commitment to host a child, regardless of reason, negatively impacts a child's chances of having another host family. Funds paid through the application of your host deposit and/or any donations already made, will transfer to another family to host this child. In the case of a potential host family failing to submit required documents in a timely manner or exceeding the time limit for host donations, Courageous Families reserves the right to cancel a family's hosting event with the program due to neglect in the host parent's responsibilities.

Please return this application and other needed documents to the physical address below with the following obligations met:

1. Please include any further explanations needed from the application.
2. Go online to Findoutthetruth.com, run a background check on all adults (18+) in the household, and any other adult that will watch the child for more than 2 hours at a time. Please submit the results with your application.
3. Please obtain and include 3 letters of reference. Of the three, one must be from a pastor/priest, and a second from another non-family member. Letters sent to 2007 Ridgewood Dr. NW, Alexandria, MN 56308.
4. Schedule and submit a statement from a home safety visit with an approved entity. (Contact Lisa for more details.)

_____ I agree to have at least 2 phone calls per week with the coordinator and/or chaperone.

_____ I agree to return the child to the airport with the group upon determination of departure time. NO EXCEPTIONS.

_____ I agree to send pictures of the host child and host family weekly or share on the Facebook private page.

_____ I agree to pay hosting donations by the assigned dates.

_____ I agree to provide host child with their own bed/space and an approved sleeping arrangement.

_____ I agree to provide for all of my host child's physical needs for the duration of the hosting session, including but not limited to, nutritious food, needed clothing or shoes (can be gently used clothing or shoes), personal hygiene items, and any minor medical care that might be required for the child during their visit that is not covered by the group travel insurance policy. We do not generally get any medical information, so please be aware of this prior to giving medication.

_____ I/We have honestly and truthfully answered all the questions and the information provided is correct.

_____ I/We understand that providing false, incomplete, or misleading information will result in an immediate disapproval of our application, and if the process has already begun, an immediate termination of the process without refund.

Host mother signature _____ date _____

Host father signature _____ date _____

Mail to: Courageous Families 1910 Aga Dr Suite 280 Alexandria, MN 56308

Email: courageousfamilieshosting@gmail.com