**Application Checklist for New Host Families**

|  |  |  |
| --- | --- | --- |
| **Vice President of IHC**Ashley Breslin 214-385-1098 | **President of IHC** Jo Hershon  817-301-7379 | **Treasurer** Tasha Bradley  214-535-3109 |

If you do not have a child on hold, you may still complete and submit the application prior to selecting a child.

All checks should be made out to  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**and mailed to 820 Kings View Dr Prosper TX. 75078, or paid via PayPal. *Please note that if paying with a credit card via PayPal, there is a 3% fee that should be added to the total.*

* Ask to put a child on hold
* Read: ⬜ Contract, ⬜ Disclosures, ⬜ Training manual
* Submit $1000 donation within 48 hours to continue to hold the child
* Sign up for the Facebook group
* Submit ⬜ **Application,** ⬜ **Contract,** ⬜ **Disclosures,** ⬜ **proof of both trainings,** ⬜ **Home study, and** ⬜ **Background checks** to IHC **within 30 days of child selection**  
  Home studies are the exception to this upon approval, and are due one week prior to the arrival date.
* Submit **notarized** Prompt Return Agreement (page 18 of contract)\*\*
* Attend the online training webinar\*\*
* Watch the training videos and complete the corresponding questionnaires
* Submit three (3) References (may also be included with home study)
* Photocopy or original of family photo (send in with application)
* State Level Background Check and Child abuse clearances. (If you have an active home study or in process, they may be included in this)\*
* Mini home study or Home Safety Visit by LCSW or authorized Representative\*
* Welcome Letter to host child with photos mailed to Prosper address.
* Sign up to host your group’s chaperon
* Submit host program payments according to schedule\*\*

\**Not included in the host fees*

*\*\*Dates for submission are TBA*

**HOSTING APPLICATION**

|  |  |
| --- | --- |
| **Submit all host application paperwork and fees to:** International Host Connection820 Kings View DriveProsper TX. 75078 | |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Host Child | | | |
| Do you have a specific child in mind for hosting? | | | |
| Age: | How you learned of the child: | | |
| Age: | How you learned of the child: | | |
| No specific child in mind for hosting? Please state your preferences. | | | |
| Age range\*: | | Race: | Gender: |
| Would you consider a child with a physical disability?  Yes  No | | | |
| Would you consider a child with a mental disability?  Yes  No | | | |
| Other preferences: | | | |

\*Please note: the minimum age of the youngest host parent must be is 23 years. There is a requirement of at least a 10 year age difference between the youngest parent and the child and a 15 year minimum difference between the oldest parent and the child. There are no maximum age differences or maximum age limits. If you are unsure about your situation, please contact us directly.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Host Parent #1 Information | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | Place of Birth: | | | | | | Age: |
| Current address: | | | | | | | |
| City: | | | State: | | | ZIP Code: | |
| Country: | Email: | | | | | | SSN: 000-00-0000 |
| Citizenship: | Passport Number: | | | | | Passport Expiration Date: | |
| Home phone: 000-000-0000 | | Mobile phone: 000-000-0000 | | | | Work phone: 000-000-0000 | |
| List each city, state lived in since the age of 18, with dates: | | | | | | | |
| Have you ever been arrested, even if not convicted?  Yes  No | | | | | | | |
| Current employer: | | | | | Employer address: | | |
| City: | State: | | | | | ZIP Code: | |
| Position/Title: | | | | | Date started: | | |
| Phone: 000-000-0000 | | | Email: | | | Annual income: | |
| Number of Previous Marriages (if any): | | | | Dates of Previous Marriage(s): | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Host Parent #2 Information, if applicable | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | Place of Birth: | | | | | | Age: |
| Current address: | | | | | | | |
| City: | | | State: | | | ZIP Code: | |
| Country: | Email: | | | | | | SSN: 000-00-0000 |
| Citizenship: | Passport Number: | | | | | Passport Expiration Date: | |
| Home phone: 000-000-0000 | | Mobile phone: 000-000-0000 | | | | Work phone: 000-000-0000 | |
| List each city, state lived in since the age of 18, with dates: | | | | | | | |
| Have you ever been arrested, even if not convicted?  Yes  No | | | | | | | |
| Current employer: | | | | | Employer address: | | |
| City: | State: | | | | | ZIP Code: | |
| Position/Title: | | | | | Date started: | | |
| Phone: 000-000-0000 | | | Email: | | | Annual income: | |
| Number of Previous Marriages (if any): | | | | Dates of Previous Marriage(s): | | | |

|  |  |  |
| --- | --- | --- |
| Children | | |
| List all children (Please specify if children are from a previous relationship and if they are biological or adopted)  All children should be listed even if they are not living in the home. If they are not in the home please state where they reside. | | |
| 1. Name: | DOB: | Current place of residence: |
| 2. Name: | DOB: | Current place of residence: |
| 3. Name: | DOB: | Current place of residence: |
| 4. Name: | DOB: | Current place of residence: |
| 5. Name: | DOB: | Current place of residence: |

|  |
| --- |
| Other people at home |
| List the names, birth dates and relationship of any other minor or adult living in your home: |

|  |  |
| --- | --- |
| Chaperone Hosting |  |
| For every 15-24 children, a chaperone is sent from Ukraine. You are required to host the chaperone for one week. Whether that is in your home, or a friend/family member's home, it is up to your family to find accommodations for the chaperone for one week. In the event that you are unable to meet these requirements, you will be required to pay a $250 chaperone host free to IHC. If a chaperone has their own accomodations in the United States, you will not be expected to host or pay a host penalty. Chaperone hosting information will be provided to families one month before hosting period is to begin. Chaperone fees will be due to IHC if you are paying a penalty, 2 weeks before your host child arrives to America.  Preferred dates to Host:  First Week  Second Week  Third Week  Fourth Week  Fifth Week  Sixth Week  Seventh Week  Eighth Week  Ninth Week  Tenth Week  Eleventh Week  Twelfth Week |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Hosting or Adopting Experience | | | |
| Explain any previous host or adoption experience: | | | |
| Have either of you ever been licensed as a foster parent or cared for any related/unrelated children?  Yes  No  If yes, please state when, where, and the name of the agency: | | | |
| Have you ever had a foster care license revoked for any reason?  Yes  No | | | |
| Have you ever had a home study denied or application denied?  Yes  No | | | |
| Are you currently working with any agency/facilitator?  Yes  No | | | |
| Agency Name: | | Address: | |
| Contact person: | Phone: 000-000-0000 | | Email: |
| Have you ever worked with any other organization/person for purposes of adoption or foster care in the past, even if you did not continue or were denied?  Yes  No  If yes, please state when, where, and the name of the agency: | | | |

Who can we thank for referring you to IHC?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were not referred how did you hear about us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any unique situation you would like to share with us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

By signing this agreement, you verify that all information submitted above is true and correct. This verification is made upon Client’s personal knowledge, or upon Client’s reasonable information and belief. You understand that falsifying or omitting any information is grounds for immediate termination of this Agreement by IHC. Client agrees to notify IHC immediately if there is any change to any information previously provided.

|  |  |
| --- | --- |
| Parent 1 Signature: | Date: |
| Parent 2 Signature: (if applicable) | Date: |

***Thank you for hosting!***