

THE SACRED PORTION CHILDREN'S OUTREACH

7104 Bristol Lane
Bozeman, MT 59715
(406) 586-5773

APPLICATION FORM FOR SUMMER HOSTING PROGRAM

I. FAMILY DATA:

Husband's name: _____ Date of Application: _____ 20 _____

Wife's name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zipcode: _____

Home Telephone:(____) _____ Work: Husband(____) _____ Wife(____) _____

E-mail address: _____

***Please notify The Sacred Portion Children's Outreach of any changes in phone numbers.**

Total Number of Persons Living in Home: _____ Own/Purchasing _____ Rent _____

How many adults currently reside in your household? _____

Names of any other adults & relationship: _____

Please note that all persons 18 or older, relatives or non-relatives, residing in the home must provide the same clearances as the prospective adoptive parents.

II. MARRIAGE:

Date: _____ Place: _____

III. CHILDREN:

Name	Date of Birth	Sex	Biological/Adopted	Place of Birth; if adopted also give Finalization Date
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1. _____

2. _____

3. _____

4. _____

Immediate Supervisor: _____ Annual Salary: \$ _____

Employed: Part-time ___ Full-time ___ Date began: _____

Religion, if any: _____ Church Attending: _____
(Please submit on a separate sheet of paper a brief summary of your faith journey)

Race/Ethnicity: _____

Physical Description: Hair _____ Eyes _____

Height _____ Weight _____

Wife's General State of Health: _____

Date of Last Physical Exam: _____ Physician's Name: _____

List any history of or current/chronic diseases, surgeries, conditions, or cancer history and give details:

List all current medications and why prescribed:

Have you ever experienced problems with alcohol or chemical dependency and/or abuse? No ___ Yes ___ If yes, please give time period and details, including treatment:

Have you ever and/or are you currently attending a 12-step meeting for alcohol, drug, gambling, sexual, or any other compulsive behavior? No ___ Yes ___

Have you ever been charged with DUI or DWI? No ___ Yes ___ If yes, please give date(s), location/jurisdiction, and other details:

Have you ever received individual and/or marital counseling or therapy? No ___ Yes ___ If yes, please give date(s) and other details:

Have you ever been arrested? No ___ Yes ___ If yes, please give date(s), location(s)/jurisdiction(s), and other details:

Have you ever been accused, charged, or convicted of domestic violence, child abuse/neglect? No ___ Yes ___ Please give date(s) and details:

VI. PREVIOUS AGENCY INFORMATION:

Have you ever applied to or worked with another agency for foster care adoption or a homestudy?
No ___ Yes ___ If yes, what was the outcome of the process?

If you did not complete the process, please explain:

If you have a completed home study, please ask the other agency to forward a copy to The Sacred Portion Children's Outreach.

Name of Agency: _____

Address: _____

Phone #: _____

Name of Social Worker/Contact: _____

VII. CHILD TO BE HOSTED:

Preferred Country: _____

Preferred Age Range of Child: _____ (at time of placement)

Gender preference: Male ___ Female ___

Siblings? _____ Number: _____ Age Range: _____

While the majority of these children are healthy, there are some with special medical needs who are available for participation. The following list includes some of the general special medical needs we encounter. If you are interested in considering the adoption of a child with any of these medical conditions, please place a check mark in the appropriate space. A check mark indicates a willingness to discuss a need, not a commitment.

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> None |
| <input type="checkbox"/> Clubbed Foot/Feet | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Severe Malnutrition | <input type="checkbox"/> Delayed Development | <input type="checkbox"/> Cleft Lip and/or Palate | |
| <input type="checkbox"/> Birthparent History of Drug/Alcohol Abuse | | <input type="checkbox"/> Birthparent History of Mental Illness | |

If you wish to elaborate on the subject of special needs and your abilities to meet such needs, please use the following space:

VIII. LEAVE OF ABSENCE DURING HOSTING:

We require that one parent be at home for the duration of the Summer Hosting Program. One of the purposes of the program is to give the children an experience of American family life. Therefore, day camp or day care on a full time basis will not be allowed during this period.

What is your plan for parental leave? _____

By signing this application, we certify that the information provided is true to the best of our knowledge and that we understand that this is an application for the Summer Hosting Program, including education and assessment, but does not constitute a contract for adoptive placement.

Husband's Signature _____ Date: _____

Wife's Signature _____ Date: _____

