

# SUMMER OF HOPE

## Prospective Host Family Preliminary Survey

Husband's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Fulltime: Yes/No

Wife's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Fulltime: Yes/No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Type of Hosting Considering:**

Advocate (not intending to adopt): \_\_\_\_\_ Adoptive (considering adoption): \_\_\_\_\_

Backup Family (fill in for problem situation): \_\_\_\_\_

1) Married: Yes/No # of years \_\_\_\_\_ Divorced: Yes/No

2) Family Annual Income Range (adjusted gross income as reported on your tax return):  
 Less than \$25,000 \_\_\_\_\_ \$25,000 - \$75,000 \_\_\_\_\_ \$75,000 and above \_\_\_\_\_

3) Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

4) Square Feet of Living Space: \_\_\_\_\_ Apt/House Own/Rent # of Bedrooms \_\_\_\_\_

5) Age and sex of current children: \_\_\_\_\_ Desired age and sex of host/adoptive child(ren): \_\_\_\_\_

<b>Age</b>	<b>Sex</b>	<b>Single Child:</b>	<b>Age</b> _____	<b>Sex</b> _____
_____	_____	<b>Sibling Group:</b>	<b>Number of children</b> _____	
_____	_____		<b>Age</b> _____	<b>Sex</b> _____
_____	_____		<b>Age</b> _____	<b>Sex</b> _____
_____	_____		<b>Age</b> _____	<b>Sex</b> _____

6) Indicate your preference of a country that you would like to host a child from:  
 Philippines \_\_\_\_\_ Ethiopia \_\_\_\_\_ Colombia \_\_\_\_\_ No preference \_\_\_\_\_

7) Vacation or other plans for being out of town during late June to mid-August:  
 \_\_\_\_\_  
 \_\_\_\_\_

8) Will one parent be able to stay home with the host child during the four weeks of the program? Yes/No