



Summer of Hope

*I will not leave you as orphans; I will come to you.
John 14:18*

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): _____

Age	Sex	Single Child:	Age _____	Sex _____
_____	_____	Sibling Group:	Number of children _____	
_____	_____		Age _____	Sex _____
_____	_____		Age _____	Sex _____
_____	_____		Age _____	Sex _____

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

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