

# Project Self-Help & Awareness

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*Do not write in this box--for Project Self-Help & Awareness use only:*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Miss Coord \_\_\_\_\_

Bus Date \_\_\_\_\_ Date Received \_\_\_\_\_

References Complete \_\_\_\_\_ Police Record Check \_\_\_\_\_ Fees Paid \_\_\_\_\_

## NEW HOST FAMILY APPLICATION - 2008

### Application Instructions:

1. Type or print clearly and legibly.
2. Where indicated, a response is required from both applicants.
3. Make sure both applicants sign and date the form on the last page.
4. Include a check, payable to P.S.A., for \$50 per child requested, with your application form.
5. Return the completed New Host Family Application to the address listed above ASAP..
6. All information received on this form and from references is kept ***strictly confidential***.
7. Filling out an application does not confirm the placement of a child in your home. If your application is denied, \$40 will be returned. If you withdraw your application, \$25 will be returned.

### Family Information

Applicant #1 \_\_\_\_\_ Occupation \_\_\_\_\_

What hours of the day are you home? \_\_\_\_\_

Applicant #2 \_\_\_\_\_ Occupation \_\_\_\_\_

What hours of the day are you home? \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Numbers \_\_\_\_\_

If both adults work at the same time, or you are single, what specific childcare arrangements, if any, will be made for the child? \_\_\_\_\_

List children, whether at home or not & other persons living in the home.

	Age	Sex	Living at home	Relationship

Will **all** of the individuals listed above be present in the home during the child's stay? \_\_\_\_\_

\_\_\_\_\_

Will any other adults or children be present in your home during your child's stay? \_\_\_\_\_

Are there many children in your neighborhood? \_\_\_\_\_ Ages & Sexes \_\_\_\_\_

How long have you been a resident of Wisconsin? Applicant #1 \_\_\_\_\_ Applicant #2 \_\_\_\_\_

Describe any animals you have (big, small, friendly, indoor, outdoor, etc) \_\_\_\_\_

What concerns do you have about your involvement with this program? \_\_\_\_\_

In agreeing to host a child, please be prepared for occasional special needs such as bedwetting, thumb sucking, asthma, food intolerance's, etc. Are you willing to handle this? \_\_\_\_\_

Is your parenting style such that you feel you would be able to handle a child who needs firmer than normal discipline? \_\_\_\_\_ (This will only be used when matching a child to you.)

### **Your Host Child**

Most Wisconsin families will host one Mississippi child; however, occasionally a family chooses to host two children. If you want two children, we highly recommend hosting them during different time periods. How many Mississippi children do you want to host? \_\_\_\_\_ What sex(es)? \_\_\_\_\_ What age(s) \_\_\_\_\_ 6-8, \_\_\_\_\_ 8-10, \_\_\_\_\_ 10-12, \_\_\_\_\_ 12-14, \_\_\_\_\_ 14-16; if you have a 2nd choice, number them as 1st, 2nd, etc.

Circle the date when you would like your Mississippi child to arrive in Wisconsin:

June 15      June 29      July 3      July 13

Circle the place where you would like to pick up your Mississippi child when they arrive in Wisconsin.

East Towne Mall in Madison;      Fond du Lac;      Branch

Circle the date when you would like your Mississippi child to return to Mississippi:

June 26      June 30      July 10      July 24

Circle where you would like to drop off your Mississippi child when they leave to go back to Mississippi.

East Towne Mall in Madison;      Fond du Lac;      Branch

### **Program Interest**

How did you find out about the program? \_\_\_\_\_

Do you know anyone in the program? \_\_\_\_\_ If so, who? \_\_\_\_\_

Why do you want to host a child? Applicant #1 \_\_\_\_\_

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

Why do you want to host a child? Applicant #2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do the other people in your home feel about being involved with this program? \_\_\_\_\_

\_\_\_\_\_

**References** Instructions:

1. Use individuals, **not relatives**, who have known you at least **2 years**.
2. Please **notify your references** that you are using their names and ask them to **respond promptly**. PSA may or may not feel it is necessary to contact all your references.
3. Please provide us with **complete addresses and phone numbers**.
4. Do not use both a husband and wife as a reference, even if they are for different applicants.
5. In providing a Pastor or Clergy reference, especially in large congregations, please make sure that the pastor or clergy knows you well enough to give you a reference. Otherwise, provide the name of an elder, deacon, sister, etc. to help us to process your application more quickly.
6. If you do not have a Pastor or Clergy, please provide an additional personal reference who knows both of you well.

**Applicant #1:** Reference of the opposite sex.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Street City State Zip Phone  
Work Supervisor. If not employed or self-employed, list another reference.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Street City State Zip Phone  
**Applicant #2:** Reference of the opposite sex.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Street City State Zip Phone  
Work Supervisor. If not employed or self-employed, list another reference.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Street City State Zip Phone  
Pastor/Clergy or other personal reference who knows both applicants.

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Street City State Zip Phone

**Personal History**

Tell us about any interests, hobbies or clubs you are involved with:

Applicant #1 \_\_\_\_\_

Applicant #2 \_\_\_\_\_

\_\_\_\_\_

