

HOSTING PROGRAM APPLICATION PART 1



There is no fee associated with Application Part 1. The information you provide in this hosting application helps us determine your program eligibility & next steps. We look forward to connecting with you! If you have any questions, please contact us: intchild@chlss.org or 651.255.2450.



With your Application Part 1, please include:

- 1 picture that includes all the members of your household
- 1 picture of the outside of your home/building (digital images accepted)

Submit Your Hosting Application:

intchild@chlss.org or Attn: Children's Home
 1605 Eustis Street, St. Paul, MN 55108
 (email preferred)

GENERAL INFO:

Applicant 1

Applicant 2

Legal Name (first, middle, last)	_____	_____
Preferred Name	_____	_____
Pronouns (she/her)	_____	_____
Email	_____	_____
Phone	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
County	_____	_____
Date of Birth (mm/dd/yyyy)	_____	_____
LGBTQIA+ (yes/no)	_____	_____
U.S. Citizenship (yes/no)	_____	_____
Gender Identity	_____	_____
Race	_____	_____
Religion (if applicable)	_____	_____
Marital Status	_____	_____
If Married, Date of Marriage	_____	_____
Job Title	_____	_____
Employer	_____	_____
Highest Level of Education	_____	_____

PROGRAM(S) OF INTEREST:

- Colombia Hosting Program Colombia Adoption (may consider) (requires a separate application)

International Families:
 Prior to applying we encourage you to review country eligibility, our service contract, policies, procedures, supervised providers & fees: chlss.org/international

Applications for the Summer Miracles Hosting Program received by Children's Home after March 31st are accepted on a case-by-case basis.

HEALTH:

Will health insurance provide coverage for child upon placement? _____ Health Insurance Provider: _____



For any "yes" answers please submit the following info with your application:

- Date(s)
- Diagnosis
- Prognosis
- Impact on your ability to parent

Do you currently have, or have a history of, disease, and/or chronic conditions?

Yes
 No

Applicant 2
 Yes
 No

Have you ever received any kind of counseling or therapy?

Yes
 No

Yes
 No

Have you ever been treated for any mental health condition (anxiety, depression, etc.)

Yes
 No

Yes
 No

YOUR FAMILY:

Children (if more than 3, please attach additional info)

First & Last Name: _____ Date of Birth: _____

Do they live with you? _____

Gender Identity: _____ Race: _____

Relationship (Adopted, Birth, Foster): _____

First & Last Name: _____ Date of Birth: _____

Do they live with you? _____

Gender Identity: _____ Race: _____

Relationship (Adopted, Birth, Foster): _____

First & Last Name: _____ Date of Birth: _____

Do they live with you? _____

Gender Identity: _____ Race: _____

Relationship (Adopted, Birth, Foster): _____

Others Living in Home (if more than 1, please attach additional info):

First & Last Name: _____

Date of Birth: _____ Gender Identity: _____

Relationship: _____

Annual Household Income:

Net Worth:

ADOPTION/HOSTING INFO:

Have you previously completed an adoption study?

Yes No

Have you previously adopted?

Yes No

If you've previously completed a home study and/or adoption, please list the name of the agency and placement date (if applicable): _____

Have you ever had a home study or placement of a child dissolved, denied, or disrupted?

Yes No

Are you currently matched to a child or expectant parents?

Yes No

If yes, child's age or anticipated birth date: _____

If you plan to work with an additional agency other than Children's Home, please list name of agency & contact information (if known):



Your Openness:

Will you consider hosting siblings? Yes No If yes, # of children _____

Indicate the age range of children you are open to hosting : _____

Indicate the level of needs you are open to: Minor Moderate Significant

BACKGROUND HISTORY:

As either a victim or an offender, if you have a history of any instances below, please send additional details that include date, location, charges, fines and/or disciplinary action. If applicable, include terms of sentence, probation and/or dates of incarceration.

- Child protection matters
- A child removed from your home
- Juvenile criminal offenses
- Sexual abuse
- Child abuse
- Abuse against vulnerable adults
- Domestic violence
- Assault or other violence
- Arrest and/or criminal convictions
- Substance abuse/Chemical dependency

Do any of these apply to you? Applicant Part 1 Yes No Applicant 2 Yes No

AUTHENTICATION:

Misrepresentation may impact our ability to provide services. Note: you are not a client of Children's Home until a service contract is completed. Please contact us with any questions or concerns!

I hereby verify that I have truthfully answered all questions in my Application Part 1:

APPLICANT 1 Signature: _____ Date: _____

APPLICANT 2 Signature: _____ Date: _____

Thank you!

We will be in touch upon receipt and look forward to connecting with you.

Information Team | intchildechlss.org | 651.255.2450