



# Frontier Horizon

"Defending Justice. Protecting Innocence."

## Hosting Program Application

**For Office Use Only**

Date: \_\_\_\_\_ 1<sup>st</sup> Program Session \_\_\_\_\_  
 Application Fee: \_\_\_\_\_ Check/Paypal Tx Number: \_\_\_\_\_ Deposit Date: \_\_\_\_\_  
 \$1000 Deposit \_\_\_\_\_ Check/Paypal Tx Number: \_\_\_\_\_ Deposit Date: \_\_\_\_\_  
 \$Final Payment \_\_\_\_\_ Check/Paypal Tx Number: \_\_\_\_\_ Deposit Date: \_\_\_\_\_  
 Home study/short visit report \_\_\_\_\_ Facilitator Agreement \_\_\_\_\_ Return flight Agreement \_\_\_\_\_  
 LSW Name \_\_\_\_\_ Phone \_\_\_\_\_ Follow-up R. 1, 2, 3, 4  
 Handbook \_\_\_\_\_ Teleconference \_\_\_\_\_ Signed Agreement \_\_\_\_\_  
 Notes: \_\_\_\_\_

FRONTIER HORIZON, P.O. BOX 4429 VIRGINIA BEACH, VIRGINIA 23454

**Contacts:** Maggie (301) 675-2970, Dr. Rosini (757) 749.3921

[www.frontierhorizon.org](http://www.frontierhorizon.org) - A 501(c)3 Non-Profit Organization [www.facebook.com/fhchildren](https://www.facebook.com/fhchildren)

How did you hear about us? \_\_\_\_\_

| HOST FAMILY INFORMATION     |  |                             |  |
|-----------------------------|--|-----------------------------|--|
| Mother                      |  | Father                      |  |
| Full Name                   |  | Full Name                   |  |
| Age & DOB                   |  | Age & DOB                   |  |
| Email                       |  | Email                       |  |
| Cell                        |  | Cell                        |  |
| Prefer email, cell or text? |  | Prefer email, cell or text? |  |
| Employer                    |  | Employer                    |  |

*\*Please be aware that Frontier Horizon staff relies heavily upon email communication.*

*Information below is required only once if single parent or if parents are married and living in the same household. Please use the blank space below to indicate if there is more than one address or household*

|                           |  |
|---------------------------|--|
| Marital Status            |  |
| Street address            |  |
| City, State and Zip       |  |
| Other address info        |  |
| USA or Canada             |  |
| 2nd household information |  |
|                           |  |

**OTHERS LIVING IN THE HOME, INCLUDING CHILDREN (EVERYONE MUST BE LISTED)**

\*Age at time of hosting program. \*\* Adopted/Country of Origin

| Relationship | Full Name | DOB | Age* | Adopted** | Occupation |
|--------------|-----------|-----|------|-----------|------------|
|              |           |     |      |           |            |
|              |           |     |      |           |            |
|              |           |     |      |           |            |
|              |           |     |      |           |            |
|              |           |     |      |           |            |

| REFERENCES  |       |       |                 |              |
|---|-------|-------|-----------------|--------------|
| Please include three references, no more than one relative. |       |       |                 |              |
| Full Name   | Phone | Email | Mailing address | Relationship |
|   |       |       |                 |              |
|   |       |       |                 |              |
|   |       |       |                 |              |

| HOSTING SURVEY   |
|--|
| I am interested in hosting a child with a specific medical need. _____ Yes _____ No          |
| Acceptable Medical Needs:  |
| I would like Frontier Horizon to present to my church, school, employer, etc. ___ Yes ___ No |
| I plan to host _____ Known or preferred orphanage /region_____                               |

| HOME STUDY OR SHORT VISIT REPORT   |  |
|--|--|
| <i>Please include a copy of the agency's license that completed your home study OR the LCSW's license who submitted your short visit report. License can be submitted with home study or short visit report.</i> |  |
| Agency Name  |  |
| Address  |  |
| City, State, Zip   |  |
| Social worker  |  |
| Phone number   |  |

In the best interest of the hosted child, we agree to teleconference with our Frontier Horizon coordinator within fourteen (14) days to make sure we understand our responsibilities, obligations and available resources for ensuring a positive experience for the hosted child and our family. The teleconference will last approximately 30 minutes and will include all members of the household over the age of 18 at the time of hosting.

FRONTIER HORIZON is required by law to deny this application if any of the information regarding the applicant is known to be false or misleading. I/We, the Undersigned, have read the statement above and hereby certify that all of the information provided in this application is true and complete; by signing below, I/We also acknowledge that all information is accurate and truthful.

SIGNED:

| <i>Print Name</i> | <i>Sign name</i> | <i>Date</i> |
|-------------------|------------------|-------------|
|                   |                  |             |
|                   |                  |             |

Please include your deposit of \$1,000 per child (payable to Frontier Horizon), with your \$150 application fee (non-refundable, new host families only). You may also pay online at [www.frontierhorizon.org/donate.php](http://www.frontierhorizon.org/donate.php)  
*Note: Please DO NOT overnight checks or express mail your application and/or checks if we need to "sign on delivery."*

If for any reason (including health, injury, adoption, document errors, etc.) your hosted child is unavailable we will do our best to match you with another child.

**FULL TRAVEL PROGRAM FEE MUST BE PAID IN FULL, HOME STUDY or SHORT VISIT REPORT INCLUDING ALL BACKGROUND CHECKS, MUST BE SUBMITTED BY PROGRAM DUE DATE OR CHILD WILL NOT BE PERMITTED TO TRAVEL.**

**HOME STUDY INFORMATION**

If you have a Home Study or Short Visit Report that you will be submitting, please fill in the following information:

- I am submitting a Home Study / Short Visit Report (please circle one)
- My Home Study/First Visit Report was completed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Home Study Agency Information:

Agency Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Social Worker's Name: \_\_\_\_\_

- First Visit Report Information:

Licensed Clinical Social Worker's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

- Note: Please include a copy of the agency's license that completed your home study OR the LCSW's license who submitted your short visit report.

**SIGNATURE**

FRONTIER HORIZON is required by law to deny this application if any of the information regarding the applicant is known to be false or misleading. I/We, the Undersigned, have read the statement above and hereby certify that all of the information provided in this application is true and complete.

By signing below, I/We also acknowledge that I am signing the Frontier Horizon Travel Program Application Form.

**SIGNED**

Applicant

1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant

2: \_\_\_\_\_ Date: \_\_\_\_\_

INCLUDE CHECKS PAYABLE TO FRONTIER HORIZON FOR \$3,500.00 TRAVEL PROGRAM FEE  
AND Expenses for a GUARDIAN FEE (if applicable):

For our records, please complete the following information:

- 1) Check Number: \_\_\_\_\_
- 2) Date of Check: \_\_\_\_\_
- 3) Amount of Check: \_\_\_\_\_
- 4) If you are hosting in a "new area" are your expenses for the Guardian included? \_\_\_\_\_

**Note:** Please DO NOT overnight checks or express mail your application and/or checks if we need to "sign on delivery."

**Frontier Horizon**  
P.O. Box 4429  
Virginia Beach, Virginia 23454  
757-749-3921 or 301-675-2970

## Host Family Statement of Agreement

By signing below, I am stating that I have read the Frontier Horizon Travel Program Handbook in its entirety. I understand my role as a Frontier Horizon Travel Program Host Parent, and I understand my responsibilities as well as those of Frontier Horizon. I also understand that neither Frontier Horizon, my home study agency, LCSW (if applicable), volunteer coordinator (if applicable) are or can be responsible for any problems the host child/children whom I host may have or any problems they may cause. The information provided by Frontier Horizon has been provided through Ukrainian Orphanage Staff. Frontier Horizon is not able to determine the accuracy or sufficiency of information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

My initials further constitute my agreement to hold Frontier Horizon harmless from any claim or cause of action whatsoever, resulting from the host child/children's and/or my participation in this program, including but not limited to:

- all matters directly or indirectly related in any way to the host child/children, his/her placement in my home, his/her health, psychological, learning, or behavioral issues
- any costs of damages arising from any change of government policy, war, terrorism, force majeure, acts of God, or natural disasters relating to the hosted child/children.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Hosting Family Agreement:** *Please initial beside each statement below:*

\_\_\_\_\_ I/We have read the Frontier Horizon Travel Program Handbook and I/we understand my responsibilities as a host parent.

\_\_\_\_\_ I/We understand the procedures that need to be followed if conflicts arise with my hosted child.

\_\_\_\_\_ I/We understand my role in financially providing for my hosted child as well as covering the insurance deductible and providing insurance claim information to Frontier Horizon in case of a medical emergency or situation.

\_\_\_\_\_ I/We understand my role in regard to translators, and I/we will not depend upon translators as babysitters.

\_\_\_\_\_ I/We understand that caring for my hosted child is my responsibility. I/we will not find childcare or babysitters for my hosted child without first contacting Frontier Horizon staff.

\_\_\_\_\_ I/We understand that I/we need to contact Frontier Horizon staff immediately in the occurrence of an emergency.

\_\_\_\_\_ I/We understand the cultural and language barriers that may present themselves as a result of my hosting a Ukrainian child.

\_\_\_\_\_ I/We understand that I/we cannot host a child without paying the \$3,500 Travel Program Fee by the deadline and without the necessary Background Checks and "Short Visit Report" (for all new Host Families).

\_\_\_\_\_ I/We understand that I/we cannot keep my hosted child longer than the Travel Program dates.

\_\_\_\_\_ I/We understand I/we will NOT be given the children's passports.

\_\_\_\_\_ I /We understand that Connecting flight families will be responsible for connecting flight fees unless you have 5 or more children going to the same airport and that guardian fees apply regardless of the amount of children.

\_\_\_\_\_ I/We understand that if a child is not able to travel I/We will be reimbursed \$3000 and \$500 will be used to cover the expenses of the visa appointment, cancelled airline ticket and local travel fees.

\_\_\_\_\_ I/We promise that I/we will not cause physical, emotional, or psychological harm to my hosted child.

\_\_\_\_\_ I/We will do all that I/we can to foster a loving and caring environment for my/our hosted child.

## Signed and Notarized Commitment to Return your hosted Children and use Dima Subotenko

All host families must know that it is imperative to return the children on time at the end of each hosting program. In rare instances a host family believes they can gain custody of a child by pleading imminent danger to a local court. This effort is illegal and has never been successful.

All families must consider the long term effects incidents like this have on other host families even if they were not involved. The Embassy adds greater restrictions; it has denied several children visas in the wake of incidents like this and may shut the whole program down if it happens again.

Each family has to keep in mind that all hosting programs and all host families are dependent on every child returning on time. If that does not happen, families who have consistently followed the rules are the ones who end up suffering when their child is denied a visa. All families have strong emotions when it comes to the child they are hosting but please understand that your actions have serious repercussions, not only for your own family but for other families and hosting programs as well.

1. I understand the child's conditions and standard of living are not comparable to the USA
2. I understand although the daily living conditions are not ideal, the children are not in imminent danger
3. I understand the children come from poverty
4. I understand rules, laws and culture are different in other countries
5. I will NOT file an imminent danger claim to keep my child.
6. I understand in the event my hosted children are not returned at the appropriate time, an amount of \$50,000 will be due immediately to Frontier Horizon to pay for court costs involved in returning the child to Ukraine
7. I understand that we are under no obligation to adopt but if we do adopt we will use Dima Subotenko as our facilitator.

I/We \_\_\_\_\_ have read and/or been informed by Frontier Horizon staff of the terms of this agreement and I/We understand and agree to abide by its terms and conditions. I/We have been provided with a copy of the Frontier Horizon Travel Program Handbook. I/We have no questions that have not been adequately answered. I/We understand that the host child/children must return to the orphanage at the end of the Travel Program period and I/we will cooperate fully with the United States Government Immigration laws and the laws from the hosted child/children's home country. I/We agree to cooperate with Frontier Horizon and our local coordinators and agree to do nothing to stop this or any other host child participating in the "Frontier Horizon Travel Program" from returning as scheduled to the orphanage. I/We have read and understand the estimated costs associated with hosting a Frontier Horizon Travel Program child. I/We agree to pay the costs and fees, as identified in the Frontier Horizon Handbook, including the hosting program fee.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Notarized Witness: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yyyy)

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

### Contact Information

Home: \_\_\_\_\_

Cell 1: \_\_\_\_\_

Cell 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

**Background History Affidavit**

I \_\_\_\_\_, was born on \_\_\_\_\_. My Social Security number is SS# \_\_\_\_\_.

I reside in the State of \_\_\_\_\_, and I have resided in this State for \_\_\_\_\_ years. Previously, I resided in the State of \_\_\_\_\_ for \_\_\_\_\_ years.

I understand that all prospective host parents and other household members ages 18 and older must have an approved home study that includes National Criminal Background Checks and Sex Offender Checks before they are approved to host, and I have submitted a request for this.

I certify that I have no felony criminal convictions or any convictions for crimes involving "moral turpitude" of children. Further, I understand that if any Criminal History Record Check, the adoption agency (if applicable), the LCSW (if applicable), and/or Frontier Horizon discloses a disqualifying criminal history, Frontier Horizon may remove any Frontier Horizon child place in my home and may close my home to the future placement of a Frontier Horizon child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date