



# FRONTIER HORIZON

*"Defending Justice. Protecting Innocence."*

## Hosting Program Application

### For Office Use Only

Date: \_\_\_\_\_ 1st 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 CHILD

Do you have a specific child in mind for hosting?

Age: \_\_\_\_\_ How you learned of the child: \_\_\_\_\_

Age: \_\_\_\_\_ How you learned of the child: \_\_\_\_\_

No specific child in mind for hosting? Please state your preferences.

Age range\*: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Would you consider a child with a physical disability? Yes No

Would you consider a child with a mental disability? Yes No

Other preferences: \_\_\_\_\_

\*Please note: the minimum age of the youngest host parent must be is 23 years. There is a requirement of at least a 10-year age difference between the youngest parent and the child and a 15-year minimum difference between the oldest parent and the child.

There are no maximum age differences or maximum age limits. If you are unsure about your situation, please contact us directly.

## HOST PARENT #1 INFORMATION

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

Date of birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Current address:		
City:	State:	ZIP Code:
Country:	Email:	SSN:
Citizenship:	Passport Number:	Passport Expiration Date:
Home phone:	Mobile phone:	Work phone:
Ethnicity:	Eye color:	Hair Color:
List each city, state lived in since the age of 18, with dates:		
<p>Have you ever been arrested, even if not convicted? Yes No</p> <p>Are you on any medication? Yes No Reason?</p> <p>Are you undergoing any personal or family counseling? Yes No</p> <p>Do you have a history of substance abuse (drugs, alcohol, tobacco)? Yes No</p>		
Current employer:		Employer address:
City:	State:	ZIP Code:
Position/Title:		Date started:
Phone:	Email:	Annual income:
Number of Previous Marriages (if any):		Dates of Previous Marriage(s):

## HOST PARENT #2 INFORMATION, IF APPLICABLE

Name:		
Date of birth:	Place of Birth:	Age:
Current address:		
City:	State:	ZIP Code:
Country:	Email:	SSN:
Citizenship:	Passport Number:	Passport Expiration Date:
Home phone:	Mobile phone:	Work phone:
Ethnicity:	Eye color:	Hair Color:
List each city, state lived in since the age of 18, with dates:		

Have you ever been arrested, even if not convicted? Yes No

Are you on any medication? Yes No

Reason?

Are you undergoing any personal or family counseling? Yes No

Do you have a history of substance abuse (drugs, alcohol, tobacco)? Yes No

Current employer:

Employer address:

City:

State:

ZIP Code:

Position/Title:

Date started:

Phone:

Email:

Annual income:

Number of Previous Marriages (if any):

Dates of Previous Marriage(s):

## CHILDREN

List all children (Please specify if children are from a previous relationship and if they are biological or adopted)  
All children should be listed even if they are not living in the home. If they are not in the home, please state where they reside.

1. Name:	DOB:	Adopted Biological	Current place of residence:
2. Name:	DOB:	Adopted Biological	Current place of residence:
3. Name:	DOB:	Adopted Biological	Current place of residence:
4. Name:	DOB:	Adopted Biological	Current place of residence:
5. Name:	DOB:	Adopted Biological	Current place of residence:

## OTHER PEOPLE AT HOME

List the names, birth dates and relationship of any other minor or adult living in your home:

1.

2.

3.

4.

5.

6.

## CHAPERONE HOSTING

Preferred dates to Host:

First Week    Second Week    Third Week    Fourth Week    Fifth week

## PREVIOUS HOSTING OR ADOPTING EXPERIENCE

Explain any previous host or adoption experience:

Have either of you ever been licensed as a foster parent or cared for any related/unrelated children? Yes, No

If yes, please state when, where, and the name of the agency:

Have you ever had a foster care license revoked for any reason? Yes No

Have you ever had a home study denied or application denied? Yes No

Are you currently working with any agency/facilitator? Yes No

Agency Name:

Address:

Contact person:

Phone:

Email:

Have you ever worked with any other organization/person for purposes of adoption or foster care in the past, even if you did not continue or were denied? Yes No

If yes, please state when, where, and the name of the agency:

## THREE REFERENCES

1. Name:

Phone:

Email:

1. Name:

Phone:

Email:

1. Name:

Phone:

Email:

Parent 1 Signature:

Date:

Parent 2 Signature:(if applicable)

Date:

**Thank you for hosting!**

**We hope to make your experience with us as positive and educational as we possibly can!**

**Please contact us with any questions or concerns!**

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. By signing this agreement, you verify that all information submitted above is true and correct. Client agrees to notify FH immediately if there is any change to any information previously provided. I/We, the Undersigned, have read the statement above and hereby certify that all the information provided in this application is true and complete; by signing below, I/We also acknowledge that all information is accurate and truthful.

Print Name \_\_\_\_\_

Sign name \_\_\_\_\_

Date \_\_\_\_\_

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 SAFETY REPORT (or Home Study) 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 Home Safety Report that you will be submitting, please fill in the following information:

I am submitting a:    Home Study    /    Home Safety 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 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 \$2,700.00 TRAVEL PROGRAM FEE**

For our records, please complete the following information:

1) Check Number: \_\_\_\_\_

2) Date of Check: \_\_\_\_\_

3) Amount of Check: \_\_\_\_\_

**Note:** Please DO NOT check “sign on delivery” if you express mail your application and/or checks.

**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 the Colombian government. 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: \_\_\_\_\_



## COLOMBIA HOSTING PROGRAM APPLICATION

# HOSTING FAMILY AGREEMENT:

*Please initial beside each statement below:*

- \_\_\_\_\_ 1. I/We have read the Frontier Horizon Travel Program Handbook and I/we understand my responsibilities as a host parent.
- \_\_\_\_\_ 2. I/We understand the procedures that need to be followed if conflicts arise with my hosted child.
- \_\_\_\_\_ 3. 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.
- \_\_\_\_\_ 4. I/We understand that I/we need to contact Frontier Horizon staff immediately in the occurrence of an emergency.
- \_\_\_\_\_ 5. I/We understand the cultural and language barriers that may present themselves as a result of my hosting a Colombian child.
- \_\_\_\_\_ 6. I/We understand that I/we cannot host a child without paying the \$2700 Travel Program Fee by the deadline and without the necessary Background Checks and "Home Safety Report" (for all new Host Families).
- \_\_\_\_\_ 7. I/We understand that I/we cannot keep my hosted child longer than the Travel Program dates.
- \_\_\_\_\_ 8. I/We understand I/we will NOT be given the children's passports.
- \_\_\_\_\_ 9. I/We promise that I/we will not cause physical, emotional, or psychological harm to my hosted child.
- \_\_\_\_\_ 10. I/We will do all that I/we can to foster a loving and caring environment for my/our hosted child. We understand that the child/children we will be hosting MUST return to their home country at the end of the orphan hosting period and that we will have them back to the airport, on time, to meet their escort for departure. We agree to pay for all fees and travel costs to get our child/children to and from the airport in America including but not limited to, additional airfare, train tickets, rental cars and gas. The arrival and departure airport will depend on the most central airport to accommodate families in any one area. 5 or more children are required to fly into any one location. If less than 5 are hosted in our state, we understand we will have to fly to another state to pick up the children. 1 escort is required for every 5 -7 children.
- \_\_\_\_\_ 11. We understand that the Host Program is not an adoption program, CHI can answer any questions you might have about adoption. We understand that all the host children are available for international adoption, that it is the goal of this program to find adoptive families for the children, and all information we get on the children may not be fully accurate.
- \_\_\_\_\_ 12. We understand that qualifying for the Host Program does not automatically mean we will qualify to adopt the child we are hosting. The Colombian government must approve all families for adoption. If we have any questions on whether we may or may not qualify to adopt from Colombia, we will consult with CHI.
- \_\_\_\_\_ 13. We understand that if we decide to request information and proceed with adoption after hosting, CHI is the agency to help acquire such information. We understand that we will not be given any information regarding last names, siblings, regions or locations of the children before the host program has commenced.
- \_\_\_\_\_ 14. We understand we are not to contact any child, orphanage personnel or foster family, CHI in country personnel, or ICBF (Colombian Institute of Family Welfare) employee.
- \_\_\_\_\_ 15. We agree to not share, any electronic or social media, any personal information about any of the children, directors, orphanages, coordinators, families, or others involved that we meet through the hosting program, whether before, during, or after hosting. We will respect the privacy of all involved. Nonpublic Personal Information ("NPI") includes, but is not limited to, names, addresses, regions, birthday, phone numbers, account activity, social security numbers,

## COLOMBIA HOSTING PROGRAM APPLICATION

taxpayer identification numbers, and financial and/or health information.

- \_\_\_\_\_ 16. We understand that we must participate in a COLOMBIA FORM pre-hosting assessment (Home Safety Report) or full home study with a social worker, submit a criminal clearance (Child abuse, State and other) report, and take 10 hours of Hague compliant online educational courses on adoption prior to being allowed to host. This process usually costs about \$350-\$1,000, depending on the social worker and state. Home assessments and clearances must be no more than 1 year old. We further agree to cover any unexpected costs that may happen during travel and hosting.
- \_\_\_\_\_ 17. We understand that the children's visit is not guaranteed and can be cancelled for various logistical, political, legal, or health reasons. The specific children slated to come may change before the group travels or may not come at all. There will be no refund of donations for such cancellations or changes, but typically another child can be referred.
- \_\_\_\_\_ 18. We agree to abide by any instructions given by the hosting coordinators or the children's escorts. We further agree to engage in appropriate conduct during this hosting period and to show respect to the host country's culture and people.
- \_\_\_\_\_ 19. We agree to read and sign the General Release and Indemnity form.
- \_\_\_\_\_ 20. We understand that the Hosting Coordinators have the right to reject any application without giving any explanations. We agree to attend a mandatory online training prior to hosting.
- \_\_\_\_\_ 21. We agree to submit mandatory weekly reports during the time we have our host child or children.
- \_\_\_\_\_ 22. We agree to care for, clothe, love, and teach our host child about American culture. We also understand that we are the primary caregivers of the host child or children. Any plan for additional caregivers must be approved by the Colombian government and that caregiver must submit to a child abuse, state and federal background check. We agree to allow our host child to contact the translators, coordinators and escorts every day or upon any request of the host child, the chaperone, or the program directors.
- \_\_\_\_\_ 23. We understand we are required to host the children's escort for a portion of the time they are in America, (usually 3-5 days)
- \_\_\_\_\_ 24. We understand that we are not to travel with the children outside any of the 50 US states, and that any travel further than 2 hours from our home must be pre-approved by the Colombian ICBF officials. This pre-approval should be requested when we complete the Home Safety Report.
- \_\_\_\_\_ 25. We agree not to contact our host child after hosting until given permission from CHI and ICBF via La Casa.
- \_\_\_\_\_ 26. Non-Competition and Non-Solicitation: We agree to keep confidential: Family identities, contact lists, manual and training, ICBF contacts, Confidential and Proprietary Information, and specialized training and in addition: We will not: 1) form outside groups with families, 2) form a hosting program using contact information from CHI, Facebook and Yahoo Groups. (3) Create groups or outside relationships with other nonprofits or entities using our information and contacts.

Host Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Host Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

# PROMPT RETURN AGREEMENT

*Please obtain notarization*

The undersigned acknowledge and agree that they are hosting the child/children in a **temporary** hosting program through Frontier Horizons (FH). The temporary hosting program for the undersigned and the child/children listed above is currently scheduled July/August 2020. The undersigned expressly agree to **promptly return** said child/children to the place directed, and on the date and at the time directed to do so, by FH. The undersigned acknowledge and agree that **they have no parental or custody rights to said child/children** and have no rights or ability to unilaterally extend the length of the temporary hosting program, beyond the date and time set by FH. In summary, **the undersigned agree to promptly return the child/children when told to do so by FH.** The undersigned acknowledge and agree that if they should fail to comply with the FH directives as to date, time and place of the return of the child/children, they are in express violation of the terms and conditions of the hosting program. Failure to promptly return the child/children is not only a violation of the trust agreement between the undersigned and FH, but also between the child's host country and FH, in a manner that jeopardizes the very existence of the FH hosting program. In the event that the undersigned fail to comply with FH directives concerning the date, time and place of the return of the child/children, the undersigned expressly acknowledge and agree that FH can present this document to any judge, law enforcement official, child services agency, or other person or entity for the purpose of establishing and proving that **the undersigned have no legal, parental, custodial or contractual rights to continue to host the child/children after the temporary hosting program is over, after the date and time set forth above, or after the date and time as determined by FH.** In the event the undersigned should fail to abide by the terms and conditions of this agreement, including but not limited to promptly returning the child, and/or the other terms and conditions of the hosting program, the undersigned agree to release, hold harmless, reimburse, indemnify and defend FH, its officers, directors, board members and employees from and against any and all claims, actions, costs, fines, levies, penalties and expenses, including costs of litigation and attorneys' fees, incurred as a consequence of said failure. The undersigned acknowledge and represent that they have read this document in its entirety prior to signing it, and expressly agree to every term and condition stated herein.

Host Mother's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Host Father's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public**

COLOMBIA HOSTING PROGRAM APPLICATION

# 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 placed in my home and may close my home to the future placement of a Frontier Horizon child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

COLOMBIA HOSTING PROGRAM APPLICATION

# GENERAL RELEASE AND INDEMNITY FORM

As a condition of participating in the host program which is an Orphan Hosting Program organized by Frontier Horizon of Virginia Beach, VA, and in consideration of the opportunity to engage in the intercultural exchange facilitated by this program, and in consideration of the privilege of hosting one or more orphaned children during the term of the program, I hereby agree as follows:

I hereby release and discharge Frontier Horizons and it's respective directors, agents, volunteers, and employees, from any and all claims, damages liabilities or expenses which I or my successors, dependents, beneficiaries, heirs, executors, administrators or assign may now or hereafter have against any or all of such parties on account of or in connection with the program or my participation therein.

I agree that I shall indemnify and hold harmless Frontier Horizons and its respective directors, agents volunteers and employees, against any and all claims, damages, liabilities or expenses which any such party may incur on account of or in connection with your participation in said program.

The foregoing release and indemnity shall continue to apply to each director, agent, volunteer, or employee even through such individuals may cease to serve in such a capacity and shall inure to the benefit of the legal representatives, successors and assigns of such individuals.

Host Mother's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Host Father's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

# COLOMBIA HOSTING FINANCIAL REQUIREMENTS

## Hosting fee breakdown:

\$2700 for 1<sup>st</sup> child  
\$5000 for 2<sup>nd</sup> child  
\$7200 for 3<sup>rd</sup> child  
\$9200 for 4<sup>th</sup> child

Partial grants are available for families hosting more than one child

Refunds are not available after May 1st

- \$500 deposit online to hold a child <https://www.frontierhorizon.org/support-us/>  
Please add 3% to your donation to cover PayPal fees.
- Half of hosting fee due by May 1st
- Full Hosting fee due by June 1st

## Make Checks Payable to:

Frontier Horizon  
P.O. Box 4429  
Virginia Beach, VA 23454

Signature \_\_\_\_\_

Date \_\_\_\_\_