



We are so pleased you are interested in becoming a Host Family for Mending Kids! Our host families provide an incredible service and serve as extended family to our very special children who travel here.

APPLICATION DOCUMENT CHECKLIST

Forms in this packet that need to be returned, preferably by email.

- ☐ A Completed Host Family Application
- ☐ A signed Religious Statement, Discipline Policy, and Smoking Policy
- ☐ A LiveScan Background Check for **everyone** age 18 and over who resides in your home. Please fill out the LiveScan form and take it to your local Police or LiveScan location. There is a fee per adult. Talk to your tax preparer to see if these fees are tax deductible.
- ☐ DMV Driving Record for **everyone** age 18 and over who resides in your home. Please fill out the DMV form and Mail it to the address on the form with the applicable fee. Talk to your tax preparer to see if these fees are tax deductible.
- ☐ Three Personal References, to be Mailed confidentially directly to Mending Kids

Copies Required

- ☐ Certification on Completion of CPR and First Aid Training (no online certifications)
Host 1 CPR exp: _____ First Aid exp: _____
Host 2 CPR exp: _____ First Aid exp: _____
- ☐ Copy of your Driver's License
Host 1 License exp: _____ Host 2 License exp: _____
- ☐ Copy of your car insurance
Host 1 Ins. exp: _____ Host 2 Ins. exp: _____
- ☐ Copy of your home owner policy Policy Exp: _____
- ☐ Copy of your pet's vaccinations and Rabies certificate. Rabies Exp.: _____
- ☐ Picture of you and your family

We Prefer Child Ages: _____ Boy: _____ Girl: _____

Once your complete application is received, it will be processed, and our staff will be in touch with you to schedule a home visit. Priority is currently given to host families interested in hosting older children (ages 5- 15).

For MK Staff use only

Completed Application Received: _____

Personal References, Dates received: Ref #1 _____ Ref #2 _____ Ref #3 _____

Home Study Scheduled For: _____

Home Study Conducted/Approved on: _____

MK Representative signature _____ Date _____



Mending Kids Host Family Application

Host 1 Full Legal Name: _____

Cell Phone # _____ Email _____

Host 2 Full Legal Name: _____

Cell Phone # _____ Email _____

Full Residence Address _____

Home Phone # _____ Fax: _____

Please list ALL Additional Household Residents

Full Name	Birthdate	Relationship	Gender
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

Has any applicant or member of household ever been convicted of a felony, child abuse, child neglect, or ever been deprived of custody of their own children by court order?

No Yes If yes, please attach an explanation on a separate sheet of paper.

Please list your Pets	Type	Age

Employment Information:

Host 1 Employer Name _____ Occupation: _____

Company Address _____

Phone _____ Are you Full Time or Part Time ? _____

Host 2 Employer Name _____ Occupation: _____

Company Address _____

Phone _____ Are you Full Time or Part Time ? _____



General Information

Do all driving members have a current California Driver's License? Yes _____ No _____

Name of insurance company: _____

Terms of coverage: _____

Why do you want to be a host parent?

Your Primary Language: _____ Secondary?: _____

List any special talents helpful in caring for MK children.

How did you hear about Mending Kids?

All information provided on this form is true and correct to the best of my knowledge.

Host 1 Printed Name: _____

Host 1 Signature: _____ Date: _____

Host 2 Printed Name: _____

Host 2 Signature: _____ Date: _____



RELIGIOUS STATEMENT

In placing a child from a foreign country, Mending Kids requires that you give consideration to the child's religious preferences and those of the child's parents.

Do you attend religious services? Yes _____ No _____

If yes, please state the name of the church and describe the type of religious services you attend, how often you attend, and any other church functions or activities in which you participate.

What are your expectations in regard to your own children attending religious services in your family?

If there is an objection by a child or parent of a child placed in your care, which is based on religious grounds or beliefs, do you understand that the child in your care cannot be required to attend your religious services? Yes _____ No _____

I/we understand that host families may be asked to care for children whose faith is different from their own. I/we have been informed of MK's policy that a host family must respect the rights of a person in care to observe the tenets of his or her own faith.

If a child of a different faith is placed in my/our home, I/we understand that we may be asked to cooperate with arrangements for the child in care to attend on a regular basis the place of worship of the religious faith of the birth parent if that is part of the case plan.

DISCIPLINE POLICY

We expect our families to appropriately apply discipline. The discipline may not include physical punishment, emotional abuse, or sexual abuse. Discipline must be age appropriate, appropriate to the offense, be respectful of the child's cultural background, and take into consideration the child's medical condition. We also expect our host parents to protect these children by making sure that other family members, friends, and neighbors also treat them appropriately.

Lack of discipline is also a serious concern. All too often host families treat Mending Kids children with special privileges simply because they are sick or from another family. Lack of appropriate discipline can create a child who develops poor behavior or can cause a child to feel insecure. Lack of discipline can also cause a family's own children to become jealous or insecure. Our advice is to apply discipline the same to all children as much as possible.



Fortunately, most of our children do not present difficult discipline problems. However, if your MK child displays inappropriate behavior or behavior that is frustrating to your family, and you are not sure how to handle the situation, you must call the MK office (818-843-6363) and discuss the situation. Together, we will do our best to work out a solution.

By signing this statement, you show your commitment to adhere to the Mending Kids discipline policy.

SMOKING POLICY

Because all children coming to the United States through Mending Kids are here for the purpose of receiving medical treatment, they are considered to be medically fragile. Therefore, **smoking is prohibited** in a host home caring for these children and in the motor vehicle transporting these children. The host family may permit smoking outdoors on the premises.

Please describe your smoking plan, including what will be your supervision policy when the host is the only one home and is outdoors smoking.

I/we agree to the aforementioned MK policies.

Host 1 Printed Name: _____

Host 1 Signature: _____ Date: _____

Host 2 Printed Name: _____

Host 2 Signature: _____ Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A7774

ORI (Code assigned by DOJ)

Volunteer

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Mending Kids

Agency Authorized to Receive Criminal Record Information

1101 N Pacific Ave Suite 200

Street Address or P.O. Box

Glendale

City

CA



State

91202

ZIP Code

09708

Mail Code (five-digit code assigned by DOJ)

Cristina Farrut

Contact Name (mandatory for all school submissions)

8188436363

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex



Male



Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State



ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State



ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

☐ Certify the record as a true copy of record on file with Department of Motor Vehicles
(No Charge).

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

DATE

X

Check box(es) for type of record(s) you are requesting.

☒ DRIVER LICENSE/ID RECORD
(Complete boxes A & B)

☐ VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to
DMV Headquarters:

Department of Motor Vehicles
P.O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME	Mending Kids
ADDRESS	1101 N Pacific Ave Suite 200
CITY	Glendale
STATE	CA
ZIP CODE	91202

INF 1125 (REV. 7/2018) WWW



REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
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☐ Certify the record as a true copy of record on file with Department of Motor Vehicles
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STATE	CA
ZIP CODE	91202

INF 1125 (REV. 7/2018) WWW



CONFIDENTIAL PERSONAL REFERENCE

Potential **Host Family's Name:** _____

How long have you known this person? _____

What is your relationship to him/her? (Relative, neighbor, casual acquaintance, close friend, etc.)

In your opinion, is he/she a happy, well-adjusted person? Yes No

On what do you base your opinion?

Describe the personality of this applicant.

Please list any habits, health problems, personal or family problems that might affect his/her volunteer work with MK.

Have you seen him/her provide care to children? Yes No

If yes, please explain the care you observed.

What methods does he/she use to discipline children?

How does she/he show affection and understanding with children?

How does he/she react in stressful or crisis situations?

Are you aware of this person having a problem with drugs or alcohol? Yes No

Are you aware of any mental or emotional problems? Yes No

Are you aware of any crime ever charged? Yes No

If yes for any of the above three questions, please explain.

Do you have any other comments that you feel should be taken into consideration?

Your Signature _____ Date _____

Your Full Printed Name: _____

Cell Phone # _____ Email _____

Address _____

Please confidentially return by mail to:

Mending Kids

21255 Burbank Blvd., Ste 120

Woodland Hills, CA 91367