

Home Stay Family Application

Primary Care Giver Name: _____ Spouse Name: _____

Partner Name, if applicable: _____ Marital Status: _____

Address _____ City _____

Zip Code _____ Primary Contact Email _____

Type of Residence: Single-Family Home Town-Home Apartment Other _____

Home Phone _____ Primary Contact Person _____

Primary Care Giver Work # _____ Primary Care Giver Mobile # _____

Spouse Work # _____ Spouse Mobile # _____

Partner, if Applicable, work # _____ Partner Mobile # _____

Occupation: Primary _____ Occupation: Spouse _____

Occupation: Partner _____

Driver's License # Primary _____ Spouse _____

Driver License # Partner, if applicable, _____

***Please provide a copy of a valid Driver's license of people living in the current home 18 yrs of age or older.**

Primary Caregiver D.O.B.: _____ Spouse D.O.B.: _____

Partner, if applicable, D.O.B.: _____

Smoke Detectors in Home? Yes No Central Air/ Heat in Home? Yes No

How did you hear from us? _____ If referred, Who Referred You? _____

Which number above is the primary number that can receive text messages? _____

Please provide an alternative number that can receive text messages: _____

***ESL4Asia Homestay & Cultural Exchange, Services, Inc. is not responsible for any charges incurred during time of hosting.**

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Children's Names, Birth Year, School Grade and School name (**Children living at home only.**)

Name	Birth Year	Current Grade	School Name

Place of Birth? Primary Care Giver _____ Spouse _____

Partner, if applicable _____

Are you an American citizen? Primary Care Giver Yes No Spouse Yes No

Partner, if applicable: Yes No

English must be the **Primary** Language spoken in your household. Please list any other language spoken in your home: _____

Primary Care Giver must be able to communicate in English with student

Have you provided homestay before? Yes No

If yes, please indicate how long, how many students and who placed them in your home

(Name of School or Agency) _____

Are you providing homestay now? If yes, please indicate the student's age, gender, nationality, and what school currently attending: _____

What age of student is best for your family? _____ Gender? Male Female No Preference

Are you available and willing to host a group leader, if needed. Yes No

How many students can you host at one time? Maximum 4 (2 Students Per Room) _____

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How many restrooms do you have available for hosting? _____

How many bedrooms do you have available for hosting? _____

What are the types of the beds in your bedroom(s) that student (s) will be using. Please specify the number of beds: _____

Please list your pets (if any). Are they indoor /outdoor? Are they up-to-date on their Rabies Vaccination? (Please Provide a copy)

Does anyone in the household:

Smoke? Yes No

Use drugs? Yes No

Drink alcohol? Yes No

Do you or a family member have any chronic health issues? Yes No If yes, what?

Are all adults (over 18) willing to be fingerprinted? Yes No

If No, please explain the reason: _____

Every applicant (over 18) will be pre-screened through our back ground check process. Please initial to acknowledge and agree:

Primary Care Giver : _____

Spouse : _____

Partner: _____

Other Adult over 18: _____

What type of vehicle would you use to transport your student(s) to school? Please be specific.

Make, Year and Model of your car? _____

Name of Vehicle Insurance? (Please provide copy) _____

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Please list hobbies, activities or interests, which your family would be willing to share with a student. _____

Please list some of the amenities your home has to offer.(E.g. pool, computer, piano, exercise equipment, basketball hoop, library, etc.)

ESL4Asia is not liable for any damages to your home and/or to your personal items. Please supervise your student(s).

Internet access and availability is required for all students. They cannot be charged for usage of internet in your home. Please initial and confirm that you have read this statement.

Primary Care Giver: _____ Spouse: _____

Partner, if applicable: _____

**I certify that all the information provided on this application,
is true and correct to the best of my knowledge.**

Primary Care Giver Signature _____ Date _____

Spouse Signature _____ Date _____

Partner, if applicable, Signature _____ Date _____

ESL4Asia Homestay & Cultural Exchange Services, Inc. Tel: 626-641-4001 Fax: 626-608-2880

Office Use Only:

Received By: _____ Date: _____