



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

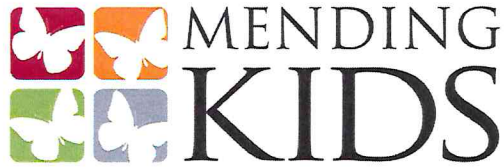
Completed Application Received: \_\_\_\_\_

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?

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Your Primary Language: \_\_\_\_\_ Secondary?: \_\_\_\_\_

List any special talents helpful in caring for MK children.

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How did you hear about Mending Kids?

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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.

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

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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.

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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 Volunteer  
ORI (Code assigned by DOJ) 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 International 09708  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
21255 Burbank Blvd Ste 120 Isabelle Fox  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Woodland Hills CA  91367 8188436363  
City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Other Name: (AKA or Alias) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Sex  Male  Female  
Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing Number \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Misc. Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
(Agency Billing Number)  
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) \_\_\_\_\_  
(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 \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.





## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



**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  
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

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



**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?

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

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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.

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

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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