



Host Application and Legal Documents

Thank you for your interest in participating in Kidsave's Weekend Miracles Program! We are very excited to have you.

This application has two sections, the application itself (6-10 pages depending on number of applicants) and legal documents associated with your application. You can save and return to finish at any time using the Save link at the bottom right.

Please complete all the information that is applicable to you. A copy of your answers will be e-mailed to you after submission.

Please note that Kidsave is not an adoption agency and does not process adoptions. Kidsave introduces children in need of adoption to families. If you have interest in doing an adoption directly, without hosting, please consult an accredited adoption agency. Kidsave serves families and youth regardless of their culture, religion, race, ethnicity, gender, sexual orientation, gender identity or gender expression, or marital/civil union or domestic partnership status.

SECTION 1 - GENERAL INFORMATION

Number of Applicants

One Two

Name	Birthdate	
Address		
City	State	Zip
E-mail	Work Phone	
Home Phone	Cell Phone	
Best Daytime Contact Method	What civic organizations does the Applicant belong to?	

Citizenship	Ethnicity	Religion
Primary Language	Secondary Language	
Height	Weight	Highest Education Level
Degree	Occupation	

Does your employer have a Corporate Matching Gift program?

Yes

No

Unsure

Does your employer have a Volunteer Incentive Program?

Yes

No

Unsure

Second Applicant

Name

Birthdate

e-mail

Work Phone

Cell Phone

Citizenship

Ethnicity

Religion

Primary Language

Secondary Language

Height

Weight

Highest Education Level

Degree

Occupation

Best Daytime Contact Method

What civic organizations does the Applicant belong to?

Does your employer have a Corporate Matching Gift program?

Yes

No

Unsure

Does your employer have a Volunteer Incentive Program?

Yes

No

Unsure

Section II - Family Information

Partnership Status

If married or in a legal domestic partnership,
date of current marriage/partnership:

How long have you been together as a couple?

Have you ever had any legal separations?

Yes No

Have you ever had any legal separations?
Applicant 2

Yes No

Please explain:

Previous Marriages/Partnerships Applicant 1

Number of Prior Marriages/Partnerships (if applicable)

Explanation (optional)

Previous Marriages/Partnerships Applicant 2

Number of Prior Marriages/Partnerships (if applicable)

Explanation (optional)

Household and Household Members

Type of Residence

Number of Bedrooms

Aside from the applicants, please list all other individuals living in the household, full or part-time:

Member 1 Name

Birthdate

Relationship to Applicant(s)

Gender

Male

Female

Member 2 Name

Birthdate

Relationship to Applicant(s)

Gender

Male

Female

Member 3 Name

Birthdate

Relationship to Applicant(s)

Gender

Male

Female

Member 4 Name

Birthdate

Relationship to Applicant(s)

Gender

Male

Female

Do you have any children living out of the home?

Yes

No

Name

DOB

Gender

M

F

Status

Biological

Agency

Adopted

Name

DOB

Gender

M

F

Status

Biological

Agency

Adopted

Name

DOB

Gender

M

F

Status

Biological

Agency

Adopted

Have any individuals residing in your household, other than yourself, been investigated, charged, arrested and/or convicted for any offenses, infractions, violations or crimes regardless of the outcome in the US or abroad?

Yes No

Have any individuals residing in your household, other than yourself, ever been investigated for child abuse, neglect, sexual abuse of a child or domestic violence even if such history did not result in an arrest or conviction?

Yes No

Have any individuals residing in your household, other than yourself, ever been investigated for any alcohol or drug-related abuse, offenses, infractions, violations or crimes including but not limited to a DUI, DWI or DUA in the US or abroad even if such history did not result in an arrest or conviction?

Yes No

Please explain in detail below including the circumstances leading to the investigation, charge, arrest, findings and/or conviction, as well as the final outcome.

Section III - Medical

Are you currently being treated, or have you been treated for any acute or chronic medical conditions or any mental health diagnosis?

Yes No

Please list all prescribed medications which have been taken within the last five years, other than routine antibiotics:

Name	Condition Treated		
Dosage	Date Began	End Date	
	<input type="text"/>	<input type="text"/>	

Name	Condition Treated		
Dosage	Date Began	End Date	
	<input type="text"/>	<input type="text"/>	

Name	Condition Treated		
Dosage	Date Began	End Date	
	<input type="text"/>	<input type="text"/>	

If you have a past chronic or acute medical condition and/or are currently taking or have taken medication in the past 5 years, please describe below the onset, diagnosis, treatment and impact on your life:

Do you have a history of infertility or pregnancy loss:

Yes No

Are you currently receiving or have you ever received counseling or psychiatric treatment?

Yes No

Date Began	End Date
<input type="text"/>	<input type="text"/>

Please briefly describe.

Describe your past and current usage of drugs or alcohol including type of substance and frequency of use:

Have you ever received in-patient or out-patient substance abuse treatment:

Yes No

Date Began

End Date

Do you currently have Health Insurance?

Yes No

Do you currently have Auto Insurance?

Yes No

Section III - Medical - Applicant 2

Are you currently being treated, or have you been treated for any acute or chronic medical conditions or any mental health diagnosis?

Yes No

Please list all prescribed medications which have been taken within the last five years, other than routine antibiotics:

Name	Condition Treated
Dosage	Date Began
	<input type="text"/>
	End Date
	<input type="text"/>

Name	Condition Treated
Dosage	Date Began
	<input type="text"/>
	End Date
	<input type="text"/>

Name	Condition Treated
Dosage	Date Began
	<input type="text"/>
	End Date
	<input type="text"/>

If you have a past chronic or acute medical condition and/or are currently taking or have taken medication in the past 5 years, please describe below the onset, diagnosis, treatment and impact on your life:

Do you have a history of infertility or pregnancy loss:

Yes No

Are you currently receiving or have you ever received counseling or psychiatric treatment?

Yes No

Date Began

End Date

Please briefly describe.

Describe your past and current usage of drugs or alcohol including type of substance and frequency of use:

Have you ever received in-patient or out-patient substance abuse treatment:

Yes No

Date Began

End Date

Do you currently have Health Insurance?

Yes No

Do you currently have Auto Insurance?

Yes No

Section IV - Employment

Please provide employment history for the past 10 years.

Applicant 1

Current Employer

Position/Title

Hire Date

Annual Salary

Previous Employer

Reason for Leaving

Previous Employer

Reason for Leaving

Previous Employer

Reason for Leaving

Applicant 2

Current Employer

Position/Title

Hire Date

Annual Salary

Previous Employer

Reason for Leaving

Previous Employer

Reason for Leaving

Previous Employer

Reason for Leaving

Section V - Financial Responsibilities

(If completing the application online, please type your initials in lieu of signatures)

WEEKEND MIRACLES PROGRAM: Hosting a child through the Los Angeles Weekend Miracles Program does not require an application or hosting fee. However, families will be responsible for costs related to TB testing, CPR/First Aid, and costs incurred during the hosting experience.

Yes, I/We am aware of the above noted costs.

Section VI - Criminal History

A past history of investigations, arrests, charges or convictions will not necessarily exclude you from adopting or hosting. However, it is critical to be forthright as all prospective host/adopt parents will be fingerprinted prior to hosting/adopting. Failure to fully disclose your legal history can negatively affect your application to host and to ultimately adopt.

Have you ever been charged, arrested and/or convicted for any offenses, infractions, violations or crimes in the US or abroad?
(Expunged charges must be reported.)

Yes No

Applicant 2

Yes No

Have you ever been investigated for child abuse, child neglect, sexual abuse of a child or domestic violence in the US or abroad even if such history did not result in an arrest or conviction?

Yes No

Applicant 2

Yes No

Have you ever been investigated for any alcohol or drug-related abuse, offenses, infractions, violations or crimes including but not limited to a DUI, DWI or DUAI in the US or abroad even if such history did not result in an arrest or conviction?

Yes No

Applicant 2

Yes No

Please explain in detail below, including the circumstances leading up to the investigation, charge, arrest and/or conviction, as well as the final outcome.

Section VII - Additional Information

Please outline your reason(s) for wishing to participate in the Kidsave Family Visit Program

Is your goal to adopt a child?

Yes No Possibly Don't Know

Have you ever applied to or are you currently working with any agency as an adoptive or foster parent?

Yes No

Do you have an approved home study?

Yes No

Have you begun a home study?

Yes No

Name of Agency

Contact Person

Phone

E-mail

Date Completed or if
Incomplete Date Started.

Type

Number of Children Approved For

Age Range

Domestic

International

Are you in process to complete an international adoption?

Yes No

Do you have a foster care license?

Yes No

Have you begun working with a foster family agency?

Yes No

Name of Agency

Contact Person

Phone

E-mail

Date of Licensure or if
incomplete Date Started

Have you ever been denied approval by a child placement agency?

Yes No

Please indicate the age range and gender of the child/children you wish to host.

	Male	Female	Either	None
9-11 Years Old				
12-14 Years Old				
15-17 Years Old				
No Age Preference				

Preferred Sibling Status

Single Child Sibling Set of 2 Sibling Set of 3

Are you open to hosting a child with a documented special or medical need?

Yes No

Are you open to hosting a child who is HIV positive?

Yes No

If Yes Please describe the special needs you would consider:

IMPORTANT NOTE:

Kidsave strives to find families for children and therefore, puts the needs of the children participating in the program first and foremost. Kidsave cannot guarantee that children will be identified and matched with a family in accordance with host family preferences outlined in this application.

How did you hear about Kidsave and Weekend Miracles?

Section VIII - Confirmation Statement

Because of the nature of life in an orphanage, foster care and/or living in a developing country, we understand that the children participating in the Family Visit Programs will be at risk for unknown medical conditions and/or developmental delays. If adoption follows participation in the program, it is understood that the child/children may need additional support medically, emotionally and financially.

I/We am/are interested in hosting a child in the Family Visit Program and am aware that all of the children will have issues requiring time, attention, support and patience.

I/We state that the information presented in this document is true and correct to the best of my/our knowledge. I/We understand that acceptance into the Kidsave Family Visit Program does not guarantee placement of a child for hosting and/or approval of any particular child for an adoption. Kidsave and its partners are required by law to deny this application if any of the information provided is known to be false or misleading by the applicant.

If completing the application online, please type your name on the lines below in lieu of a signature.

Signature:

Signed this Date:

Signature App 2:

Signed this Date:

Kidsave's mission is to create change so forgotten older children in orphanages and foster care grow up in families and connected to caring adults. Kidsave believes that every child needs a family and adoption is one tool towards that end.

Kidsave - DC
Washington D.C. Office
4622 Wisconsin Ave., N.W. Suite 202
Washington, DC 20016
Tel: 202-503-3100
Fax: 202-503-3131

Kidsave - LA
Los Angeles Office
100 Corporate Pointe, Ste 380
Culver City, CA 90230
Tel: 310-642-7283
Fax: 310-641-7283

LEGAL STATEMENTS AND WAIVERS

The following pages are the legal statements, agreements and waivers associated with your application. Please read carefully and digitally sign where indicated. A copy of these pages can be sent to you for your records upon request.

AUTHORIZATION FOR DISCLOSURE AND RECIPROCAL EXCHANGE OF INFORMATION

Applicant 1 Name: DOB

Applicant 2 Name: DOB

I (We), the above named persons, hereby authorize Kidsave and any representatives/agencies affiliated/involved in the Kidsave Family Visit program in an official capacity to share, exchange and/or release information about myself/us and/or our host child(ren).

The purpose of this release and exchange of information is to substantiate the appropriateness of my/our participation in the hosting program and to ensure the safety, care and well being of the participating children.

In the event of a family's interest in the adoption of a participating child; the release additionally allows the sharing of information regarding the child's special needs, staff and participant's observations of and experience with the child to assist in determining that the match is in the best interest of the child.

My right to confidentiality has been explained to me, and I understand the information to be released, the purpose of the release, and the statutes and regulations protecting my confidentiality. I understand that I may revoke this consent at any time, either verbally or in writing, except where releases of information based upon this consent have already occurred.

This consent will automatically expire one year from date of signature. I may request a copy of this signed authorization.

Applicant 1 Date
Signature:

Applicant 2 Date
Signature:

YOUR RIGHTS

Kidsave's mission is to end harmful institutionalization of children and to give every child the opportunity to grow up in a permanent, loving family. You are an integral part of our mission. The following is a statement of our policies and procedures regarding your rights as a Kidsave participant (client).

As a part of the Kidsave family please be aware of how we store and handle your personal information:

- That a personal file is kept on every participant.
- That every time a Kidsave staff sees you, talks to you, or contacts anyone regarding you or your participating child, a written note is completed.
- Items that are kept in your personal file may include:
 - your application
 - your child interest form
 - a copy of foster care license or certification
 - a copy of your signed program agreement
 - a copy of your signed confidentiality agreement
 - a copy of your signed authorization for disclosure and reciprocal exchange of information agreement
 - a copy of your signed client's rights document
 - a copy of your signed release/consent form to use likeness
 - certification of training
 - your home study
 - your weekly reports
 - any additional information that documents your program participation
- The written notes in your record are proof that services were provided to you
- You may review documents in your record written by Kidsave staff upon written request and in the presence of a staff member.

As our client you have certain rights.

At Kidsave, we promise:

- TO HONOR YOUR PRIVACY
- TO TREAT YOU WITH DIGNITY AND RESPECT
- TO HELP YOU MAKE INFORMED DECISIONS
- TO INFORM YOU OF HOW TO GET HELP IN AN EMERGENCY
- TO SHARE ANY INFORMATION THAT WE HAVE REGARDING THE CHILDREN

ADDITIONALLY, YOU HAVE THE RIGHT TO TERMINATE YOUR AGREEMENT WITH US AT ANY TIME WITHOUT ACTION TAKEN AGAINST YOU. WE ALSO ENCOURAGE YOUR WRITTEN AND VERBAL FEEDBACK TO HELP US IN CONSTANTLY IMPROVING OUR EFFORTS AND PROGRAMS TO SERVE CHILDREN AND FAMILIES

What we do

All Kidsave staff, volunteers, and interns sign a confidentiality agreement stating that we cannot share any personal or identifying information about you without your written permission, except under the following circumstances:

- When you have signed a written release form
- When we believe that you, the participating child, or a family member might harm self or others or that a crime has been committed.
- In an emergency medical situation
- When a judge or commission issues a court order directing the release of your records
- If we suspect child abuse or neglect, we are required by law to make a report to the local child protective services office.

In order to provide you and your participating child with the best care, Kidsave staff and volunteers may need to share information from your files with other members of the organization, governmental partners, community coordinators/volunteer staff, or allied professionals in determining your appropriateness as a participant and the safety and well being of the participating child.

If you have a concern or complaint regarding the program and/or privacy practices, you may call or write the following individuals:

Randi Thompson, Executive Director, Kidsave International
100 Corporate Pointe, Suite 380
Culver City, California 90230
1-888-KIDSAVE

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

When you have reviewed a copy of these rights, please sign the attached form and give it to Kidsave. The signed form will be maintained in your file. Keep the first two pages of the client's rights document for your records.

CLIENT RIGHTS

Client Name(s):

I, We, the above named person(s) have read and understand the Kidsave Client Rights document. I have been given a copy of this document and my rights as a Kidsave client have been explained to me. I understand these rights are designed to protect my family and the participating child while participating in the Kidsave Family Visit Programs.

Client Signature:

Date:

Client #2 Signature

Date:

CONFIDENTIALITY AGREEMENT

Kidsave families (i.e. clients) and participating children (i.e. clients) have the right to privacy.

As a Kidsave host family, advocate, mentor, or volunteer, I or we named below agree to the following:

- Respect every client and child's right to privacy
- Confidential and/or identifying information can be disclosed only with proper consent
- Confidentiality will be protected in the course of service except for compelling professional reasons
- Clients should be informed to the extent possible about the disclosure of confidential information and the potential consequences

- To discuss with clients and other interested parties the nature of confidentiality and limitations of client's right to confidentiality

- Not to disclose confidential information in any setting or to any party unless confidentiality can be assured
- To protect confidentiality in legal proceedings to the extent permitted by law
- To protect the confidentiality of the clients when responding to requests from the media
- To protect the confidentiality of clients and other sensitive information in written and/or electronic records
- Take precautions to maintain confidentiality when sensitive information is transmitted to other parties via computers, electronic mail, facsimile machines, telephones and telephone answering machines and other electronic or computer technology

- Transfer or dispose of records or client information in a manner that protects confidentiality
- Take reasonable precautions to protect confidentiality in the event of your termination of practice, incapacitation or death

- Not to disclose identifying information for the purpose of teaching or training unless the client has consented to disclosure

- Not to disclose identifying information to consultants unless the client has consented to disclosure or there is a compelling need for such disclosure

- Protect the confidentiality of deceased clients consistent with the proceeding standards

I understand that given the nature of the Kidsave hosting program, practices, relationships and resources within the community, these standards of practice and adherence to client's right to confidentiality are to be maintained indefinitely regardless of the setting and/or circumstance. Additionally, my/our signature acknowledges that I/we have read and understand the Confidentiality Terms and Conditions, and I/we agree to abide by it.

Signature

Date

Signature #2

Date

HOST FAMILY AGREEMENT

Dear Host Family:

Thank you for your interest in becoming a host family for the Kidsave Los Angeles Weekend Miracles program. As a host family, you will serve as a responsible parent(s) for the Kidsave Weekend Miracles child during weekend and school holiday visits, providing encouragement and support, advocacy, transportation, and opportunities to participate in planned program activities. You will allow the child to spend designated weekends and school holidays in your home, and maintain the child's routine (i.e. homework, extra-curricular activities). Kidsave Weekend Miracles' mission is to give every child in our community the opportunity to grow up in a permanent, loving family or develop a long term, stable adult mentoring relationship. Weekend Miracles provides children with a unique experience to share weekends and school holidays with a local host family who will partner with the child to introduce him/her to the network of people known by the host family in order to help find him/her a permanent, adoptive home. The goal of the weekend visits is to find a permanent home by creating connections between each child and a family in the community.

In an effort to outline what is expected of you as a host family, the following information lists the host family roles and responsibilities and those of the Kidsave Los Angeles Weekend Miracles program. We understand that there are many steps to complete before hosting a child. This is because each child is a dependent of the court, and the State of California requires that specific standards be met for a child to stay in a host family's home. Please do not feel overwhelmed. Kidsave will help you through this process!

Please review it carefully before submitting. If you have any questions regarding the content, direct your questions to Barbara Alvarado, (310) 642-7283, barbaraa@kidsave.org.

Host Family Role

Financial Responsibilities

You will be responsible for:

- Providing food and care during the visits.
- Transportation and activities.
- Cost of certification of CPR and First Aid.
- Cost of TB test for every adult household member.

Host families are encouraged to keep in mind that children must transition back into their foster homes after the visits. Lavish gifts will cause problems. Host families may buy things for the child, but need to do so modestly, or in collaboration with the Kidsave staff and foster family.

Preparation

The role of the Kidsave host family is extremely important to the program. The guidelines below will help host families prepare for a successful hosting experience.

- Attend Kidsave's Los Angeles Weekend Miracles Orientation.
- Training: Attend 10 hours of Kidsave Los Angeles Weekend Miracles host training and a 2 hour program & advocacy training. If you would like to adopt, attend the 33 hour PS-MAPP or PRIDE training through your foster-adopt family agency or the Department of Children & Family Services, submit a copy of your MAPP/PRIDE completion certificate, and attend Kidsave's 2 hour program & advocacy training.
- If you want to adopt, obtain your foster-adopt license by contacting a foster & adoption agency or call the LA County DCFS foster care & adoptions assistance hotline at 1-800-697-4444.

If you have a current foster-adopt license, you will need to provide a copy of your current license/certification.

- Meet with a case worker from the Department of Children & Family Services to complete a "home visit report". This face-to-face home visit will address your suitability to host and answer any individual questions or concerns you have about being a host parent.
- Review recommended readings and thoroughly read through your Host Family Handbook and Agreement.
- Ensure that all required documents are signed and submitted to Kidsave.
- Prepare and educate immediate and extended family about your host child(ren).

Host Parent Responsibilities

Host the child for a minimum of two weekends or days a month, for a minimum of 1 year. Ideally, your relationship with the child will extend beyond one year, and after the child is adopted or emancipates from the foster system. This is a very serious commitment that you are making to a child in the Weekend Miracles program. However, if you decide that you need to prematurely terminate your hosting match, please notify Kidsave staff immediately. We ask that you try to continue visits with the child until we are able to transition them to a new host family. The last visit with the child will be a closure visit between the child and the host, under the supervision and guidance of the child's social adoption worker.

Advocate - The most vital responsibility you have as a host family is your commitment to advocate for your host child with the goal of finding a permanent adoptive family. Los Angeles County Department of Children and Family Services social workers determine the appropriateness of potential adoptive families for the child; but your contacts, knowledge, and assistance is very valuable and critical to your host child finding a family. Your role is to help recruit families that seem to have a real interest in adopting the child, or helping in other ways. As you find people who wish to engage with the program, you should direct them to Kidsave staff.

You are required to organize and support activities that will give your host child opportunities to meet potential families. Some recruitment activities can include the following:

- Include the child in your daily family routine and activities
- Attend block parties
- Picnics
- Sporting activities
- Take the child to your place of faith
- Provide LA Weekend Miracles information to your place of faith for news bulletins
- Invite a group of people to your home for a gathering
- Tell your friends about the child
- Social or civic organization newsletters
- Job newsletter or e-mail link
- E-mails to family, friends, coworkers, etc.
- Participate in speaking engagements about the Weekend Miracles program
- Arrange play dates with friends and relatives
- Plan volunteer activities for the children (helping elderly, raking leaves, etc.)
- Provide a safe, nurturing and stable home experience for your host child.
- Attend scheduled Kidsave Weekend Miracles events. You and your host child will only be invited to attend the larger events. However, you will be invited to a smaller event if there is a prospective adoptive family who we would like the child to meet at the event. Please note that not all of the children want to continue attending the events due to shyness, etc., but we encourage you to try to attend as many as possible!
- Transport your host child to activities arranged by Kidsave Los Angeles. If you cannot provide transportation, contact another Kidsave host family to drive the child.
- Interact with the child's foster family to make arrangements for visits.
- Maintain confidentiality about the child's sensitive information. Confidential information about the child will be shared with you about the child's history and you cannot share this information with others.
- Maintain regular contact with the Kidsave CSW.
- Familiarize yourself with the medical procedures if your host child is in need of medical assistance.

Paperwork Responsibilities

- Complete Host Family application packet and submit it to Kidsave. Application can be mailed to the Kidsave LA office (100 Corporate Pointe Suite 380 Culver City, CA 90230), faxed, or scanned & e-mailed. This packet includes the following documents:
 - Submit Authorization for Release and Reciprocal Exchange of Information to Kidsave.
 - Review Host Family Agreement and sign and submit signature page to Kidsave.
 - Review Client's Rights document and sign and submit signature page to Kidsave.
 - Review Release Form to Use Likeness, sign, and submit to Kidsave.
 - Review Confidentiality Agreement, sign, and submit to Kidsave.
 - Review Vehicle Agreement, sign, and submit to Kidsave.
- Provide proof of automobile insurance, car registration, and driver's license.
- Submit TB test results for all adults in the home. Tests must have been completed within the last two years.
- Submit Adult CPR/First Aid cards.
- Complete on-line reports on your host child(ren) of each host visit.

Kidsave and DCFS Weekend Miracles Roles

Kidsave:

- Identifies host families and volunteers that have the potential to be successful in the Weekend Miracles program.
- Coordinates monthly events for children, host families, and prospective adoptive parents to ensure permanency planning and adoption for children without families in our community.
- Introduces children who don't have identified families to families who are interested in either adopting them or helping them find adoptive families. Link families interested in adoption with children who need families.
- Recruits, guides, supports and motivates community and volunteers
- Provides and/or oversee host families' education, training, preparation and orientation for the Weekend Miracles program to help prepare host families for the experience.
- Provides host families with ideas, tools, and motivation for recruitment of potential adoptive families.
- Provides a Host Family Handbook designed to help prepare host families for the hosting experience.
- Provides Welcome Orientation meeting for participating host children.
- Oversees the facilitation of support groups for children and host families.
- Builds partnerships with civic, social, fraternal, and faith-based organizations
- Financial support of the program through fundraising activities.

DCFS:

- Identifies children who have the potential to be successful in the Weekend Miracles program.
- Provide Live-Scan and child abuse clearance service.
- Approves family for hosting.
- Provides relevant information about the child to the host family.
- Provides case management services for the child.
- Has monthly contact with the child.
- Prepares the child for hosting experience.
- Facilitates initial contact between the host family, foster family and child.
- Assures that each child participating in the Weekend Miracles program is available for adoption.
- Prepares the child for adoption when applicable.
- Completes an Adoption Home study when applicable.

Kidsave and DCFS:

- Advocate for children who need families.
- Contact host families on a regular basis to provide assistance introducing host children to potential adoptive families.
- Provide support and crisis intervention to all Kidsave children and host families.
- Commit to program improvement in response to feedback and input from host families and program participants
- Publicize the need for adoptive homes in Los Angeles County
- Provide assistance and support to families who are interested in adoption.

Kidsave Los Angeles children may present with some of the following behaviors, including, but not limited to:

- Learning disabilities
- Developmental delays
- Delayed/retarded growth and development
- History of trauma, loss, physical and/or sexual abuse, neglect and abandonment
- Neurological impairments
- Sensory integration problems
- Speech and language delays
- Emotional and behavioral problems
- Psychiatric history
- Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)
- Nutritional deficits
- Attachment problems
- Undetected health concerns
- Inadequate medical and dental care

Although DCFS identifies and screens children likely to succeed in the Weekend Miracles program, it is impossible to predict how they will transition to a host family setting. These are older children with life experiences that have affected them.

We cannot guarantee that the weekend hosting experience will be without complications. Kidsave Los Angeles Weekend Miracles staff and The Los Angeles County Department of Children and Family Services staff will work with host families and assist them with the hosting experience.

For families interested in adopting their host child, they should discuss this with the Kidsave CSW and Kidsave staff.

WEEKEND MIRACLES HOST FAMILY AGREEMENT

My/our signature acknowledges that I/we have read and understand the terms of the Host Family Agreement, and I/we agree to abide by its terms and conditions. I/we understand that neither Kidsave, its governmental partners, the coordinator, nor the local volunteer committee can be held responsible for any problems my/our host child(ren) may have or cause. I/we understand that the information Kidsave has given to me/us about the host child(ren) is provided by governmental partners, and Kidsave is not able to determine its accuracy or sufficiency.

I/We agree to cooperate with Kidsave and its governmental partners to do nothing to stop this or any other Weekend Miracles host child from meeting other families during the visit.

I/we acknowledge that a child may be moved to a different home if (1) I/we violate any terms or conditions of this Host Family Agreement, (2) if the child is directed to move by the governmental partners, or (3) if it is determined it is in the best interests of the child to be moved. I/We further acknowledge that I/we may also ask Kidsave Weekend Miracles to remove the child from my/our home.

My/our signature further constitutes my/our agreement to hold Kidsave, its governmental partners, and the volunteer coordinators harmless from any claim or cause of action whatsoever, resulting from the host child(ren)'s and/or my/our 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 weekend placement, his/her health, psychological, learning or behavioral issues.
- Any costs or damages arising from any change of government policy, additional document requirements for hosting which were heretofore not a requirement, war, terrorism, force majeure, acts of God or natural disasters.

Signature

Date

Signature 2

Date

RELEASE FORM TO USE LIKENESS

Kidsave International® (“Kidsave”) works to publicize the plight of children without families. Kidsave does so to increase public awareness, find volunteers, raise money, identify potential families and promote the Kidsave mission. Kidsave is asking you to sign a Release Form to allow us to use photographs of: (1) you, (2) your legal child (children), and (3) you and/or your legal children with children participating in the hosting program.

What are release forms?

A release gives Kidsave permission to use a person's likeness in photos, videos, CD-ROMs, web sites, remarks gathered from an interview, etc. This form documents that the person or people in a photo, video, recording, or interview, etc. have consented to allowing Kidsave use their image, likeness, remarks, or voice.

Why are releases necessary?

All states have laws protecting the privacy of individuals. These laws say that no one has the right to use another person's picture or voice for commercial (promotional, advertising, endorsing) purposes without permission. The exceptions are when the picture or voice contributes legitimately to the prompt reporting of a news story, when people have placed themselves in the “public light” where there is no expectation of privacy (athletic events, public gatherings, concerts, etc.), or when they are indistinguishable in a large crowd.

Who owns the image?

With the execution of the release, Kidsave owns the photo, negative, computer image, and/or recording.

What about children under the age of 18?

Parents or guardians must sign the consent form for children under the age of 18.

I consent to interview(s), photography, videotaping of me and/or my child (children) and its/their release, publication, exhibition, or reproduction to be used for education, fundraising, public relations, news articles or telecasts, advertising, research, inclusion on the Kidsave website or other website, or any other purpose whatsoever, by Kidsave and/or its affiliates.

I release Kidsave, its officers, employees, agents and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, or sound recordings.

I waive all rights that I and/or my child (children) may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged.

I also waive any right to inspect or approve any photo, video, or film taken by Kidsave or the person or entity designated it by it. I release and discharge Kidsave and/or its affiliate(s) from any liability by virtue of any editing, blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints, video, film, or sound recording are the property of Kidsave or entity designated by it, solely and completely.

I declare that I am legally competent to execute this release on my own behalf and behalf of my child (children). I understand that this instrument is legally binding, and that I have voluntarily signed this document. I have fully informed myself of this consent, waiver of liability, and release before signing it.

Client 1 Signature

Date

Client 2 Signature

Date

Children

Child Name

DOB

Child Name

DOB

Child Name

DOB

VEHICLE AGREEMENT

All participating families participating in Kidsave Weekend Miracles Programs agree to adhere to the following:

1. Maintain a valid drivers license issued by the state you are currently residing in at all times.
2. Require all persons in the vehicle to wear seat belts, follow state laws regarding child passengers, and require children who are under six years of age who weigh less than 60 pounds (regardless of age), to be in a child passenger restraint seat which meets federal motor vehicle safety standards.
3. Carry in their vehicle evidence of current liability insurance for at least the minimum amount prescribed by law at all times.
4. Prior to certification and upon expiration dates supply verifiable proof of automobile insurance.
5. Maintain the vehicle in safe mechanical condition as required by law.
6. Allow the government or private agency to complete a Department of Motor Vehicles record check. Please be aware that you must have fewer than 5 points to be able to transport a child in your vehicle.

Signature:

Date:

Signature 2:

Date:

Live-Scan Fingerprint Clearances

Please choose the office where it is most convenient for you to complete your live scan.

All adults (18+) living in the home must be fingerprinted. There is no cost to you for the clearance to be completed.

Please wait until you have been contacted by Kidsave Staff before going in for the Live-Scan. You must provide a valid legal photograph identification card.

Live Scan
Locations:

Belvedere: (323) 725-4401 | 5835 S. Eastern Ave., Los Angeles 90040
Children's Court: (323) 526-6646 | 201 Centre Plaza Dr., Monterey Pk. 91754
Compton: (310) 668-6600 | 921 E. Compton Blvd., Compton 90220
El Monte: (626) 455-4660 | 4024 N. Durfee Avenue, El Monte 91732
Glendora: (626) 691-1700 | 725 S. Grand Ave., Glendora 91740
Lakewood: (562) 497-3500 | 4060 Watson Plaza Dr., Lakewood 90712
Lancaster West: (661) 951-4107 | 1150 West Avenue J, Lancaster 93534
Metro North: (213) 763-1440 | 1933 S. Broadway, Suite 6, Los Angeles, CA 90007
Palmdale: (661) 223-4200 | 39959 Sierra Highway, Suite #A-150
Pasadena: (626) 229-3500 | 532 E. Colorado Blvd., Pasadena 91101
Pomona: (909) 802-1300 | 801 Corporate Center Dr., Suite 100, Pomona 91768
Santa Clarita: (661) 702-62622 | 8490 Avenue Stanford, Ste 100, Santa Clarita 91355
Santa Fe Springs: (562) 903-5000 | 10355 Slusher Dr., Santa Fe Springs 90670
San Fern. Valley: (818) 717-4000 | 20151 Nordoff St., Chatsworth, CA 91311
Torrance: (310) 972-3111 | 2325 Crenshaw Blvd., Torrance 90501
Vermont Corridor: (323) 965-7060 | 8300 S. Vermont Ave., Los Angeles 90044
Wateridge: (323) 290-8500 | 5110 E. Goldleaf Circle, Los Angeles 90056
West Los Angeles: (323) 900-2222 | 5757 Wilshire Blvd #202 Los Angeles 90036
