



Summer
Miracles

Kidsave Visiting Family Application

Thank you for your interest in meeting and getting to know our Kidsave Summer Miracles Children.

Prospective adoptive families should download and read the [Visiting Family Packet](#) before filling out the application.

This application pre-screens applicants for adoption requirements in Colombia to avoid any heartbreak for the children or families interested in adoption.

It should take about 20 minutes to complete. Please gather information about all applicants current and past marriages, health and medication history, criminal records, past adoptions and household status with agency information, and current employment.

You can save your application at any time and return to complete it later if needed by using the save button on the bottom right side. You will be e-mailed a link to re-access it.

Please note that Kidsave is NOT an adoption agency but an advocacy organization. If you have interest in adoption, please consult a licensed agency.

Section I: General Information

How many adults are applying?

One Two

I am interested the the specific child(ren) listed below:

Applicant One

First Name

Last Name

Date of Birth

E-mail

Address

City

State

Zip

Primary Phone

Cell

Home

Work

2nd Phone

Cell

Home

Work

Best Contact
(Daytime PST)

Citizenship

Primary Language

Second Language

Ethnicity

Religion

Occupation

Highest Education

Applicant Two

First Name

Last Name

Date of Birth

E-mail

Address

City

State

Zip

Primary Phone

Cell

Home

Work

2nd Phone

Cell

Home

Work

Best Contact
(Daytime PST)

Citizenship

Primary Language

Second Language

Ethnicity

Religion

Occupation

Highest Education

Section II: Family Status

Partnerships

Single

Co-habitate

Married

Separated

Divorced

Domestic Partners

Date of current
marriage

How long as a couple?

Previous
Marriages?

Yes

No

List previous marriage(s) with dates.

Applicant Two Previous Marriages? Yes No List previous marriage(s) with dates.

Additional Members of Household and relationship to applicant(s):

Were any of your children adopted? If yes, Date of Placement

Yes No N/A

[Empty text box for Date of Placement]

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 state or abroad?

Yes No

Have any individuals residing in your household, other than yourself, been investigated, charged, arrested, and/or been the subject of a finding of child abuse, neglect, sexual abuse of a child or domestic violence regardless of the outcome in the state or abroad?

Yes No

Have any individuals residing in your household, other than yourself, been investigated, charged, arrested and/or been found guilty of any alcohol or drug-related offenses, infractions, violations or crimes including but not limited to DUI, DWI, DUAI regardless of outcome in the state or abroad?

Yes No

If you answered "yes" to any of the above questions, please explain in detail below additional information 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?

Yes No

Please list all current prescribed medications and medications taken in the past five years, other than routine antibiotics:

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

Onset Cessation

Are you currently taking or have you ever been prescribed medication for any mental health condition(s):

Yes No

Onset Cessation

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

Onset Cessation

Do you have health insurance?

Yes No

Do you have car insurance?

Yes No

Section III cont': Medical - Applicant Two

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

Yes No

Please list all current prescribed medications and medications taken in the past five years, other than routine antibiotics:

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

Onset Cessation

Are you currently taking or have you ever been prescribed medication for any mental health condition(s):

Yes No

Onset Cessation

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

Onset

Cessation

Do you have health insurance?

Yes No

Do you have car insurance?

Yes No

Section VI: Employment History

Current Employer

Position

Hire Date

Annual Salary

Applicant Two

Current Employer

Position

Hire Date

Annual Salary

Section V: Criminal History

A past history of investigations, arrests, charges or convictions will not necessarily exclude you from visiting, adopting or hosting. However, is it 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 visit, host and to ultimately adopt.

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

Yes No

Applicant 2

Yes No

Have you ever been investigated, charged, arrested and/or been the subject of a finding of child abuse, child neglect, sexual abuse of a child or domestic violence in the state or abroad?

Yes No

Applicant 2

Yes No

Have you ever been investigated, charged, arrested and/or found guilty of any alcohol or drug-related offenses, infractions, violations or crimes including but no limited to DUI, DWI or DUAL in the state or abroad?

Yes No

Applicant 2

Yes No

If you answered "yes" to any of the above questions, 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: Adoption

Please tell us your reasons for wishing to participate as a visiting family:

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

Yes No

Do you have an approved home study?

Yes No

Home Study is:

Domestic International

Name of Agency

Contact Person

Phone

E-mail

Current Status

Foster Care Licensed and Certified

Yes No

Have you been denied approval by an agency?

Yes No

Have you begun a home study?

Yes No

Name of Agency

Phone

Current Status

Foster Care Licensed and Certified

Yes No

Have you been denied approval by an agency?

Yes No

Issued On:

Had a disrupted adoption?

Yes No

Contact Person

E-mail

Issued On:

Had a disrupted adoption?

Yes No

Section VIII: Preferences

Please indicate the age range and gender of the child/children you wish to adopt. Please answer even if you are interested in a specific child you noted on the first page.

Note: children who participate in the Summer Miracles program from Colombia are primarily between the ages of 10 and 12, although we do have some participants in the age range of 8-10 and 13-14.

Age and Gender

	Male	Female	Either	Not interested in this age group
8-10 Years Old				
11-12 Years Old				
13-14 Years Old				
15-17 Years Old				
No Age Preference				

Preferred Status

Single

Sibling Set of 2

Sibling Set of 3

No Preference

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

Describe the special need you would consider. Would this include an HIV positive child?

Yes

No

Maybe

Section IIX: Certification

I certify that all information given herein to the best of my knowledge, is both accurate and complete for myself and all family members.

Dated:

Applicant 2

Dated

Visiting Family Affidavit of Understanding

Thank you for your interest! Kidsave's mission is to find families for children the world has forgotten and to give every child the opportunity to grow up in a permanent, loving family. These beautiful children come to us with myriad of joys, risks and challenges. Many people, upon first introduction to the older child, harbor the misconception that a stable home and love is all they will need to heal and thrive. Not so. Children raised in institutional care come to us with the potential, and likelihood, to face many struggles and challenges. It is important that families who consider offering them love, home, family and permanence are aware of what some of those risks and challenges may be.

Children who have been orphaned or raised in institutional care may present with the following concerns including but not limited to:

- Histories of trauma, loss, physical and/or sexual abuse, neglect and abandonment
- Learning disabilities
- Developmental delays
- Retarded growth and development
- Neurological impairments
- Sensory Integration problems
- Speech and Language delays
- Emotional and Behavioral Problems
- Psychiatric Histories
- Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)
- Nutritional Deficits
- Attachment problems
- Undetected health concerns
- Inadequate medical and dental care

We are adamant about the critical need for host parents families to be educated. All host families complete a minimum 12 hours of training. Kidsave is not a placement agency. We believe the best parents for these children are educated, informed families who maintain realistic expectations, have personal and community resources to address the challenges, and are determined to be there for the long haul. In their world of loss, disappointment and abandonment, these children deserve no less.

We have neither the right nor the vehicle to require you to pursue education and training. However, we would like to offer to be a resource. Please visit the "Resource Section" on Kidsave's website to access a reading a resource list. Read, talk to other adoptive families, attend a conference, and/or join an adoption group. We suggest you investigate parent education opportunities in your community. They are usually provided by local area adoption agencies.

As you continue to educate yourself about institutionalized children, and you meet and get to know the the children in your community, you may form a particular interest in a child, and you may think about adopting him or her. Kidsave instructs our host parents NOT to discuss adoption with their host children, and we require visiting families to do the same. Discussing adoption with a child can raise their hopes for something that may not occur, and another disappointment in these children's lives can be devastating.

Thank you again for your interest in the children. Please let us know if we can be of assistance in helping you decide if this is an option for your family and in researching and identifying educational resources in your community. In order to be assured that you understand our commitment and recommendation regarding the importance of parent education, we ask that you sign and return this Affidavit of Understanding. Best wishes as you explore this option of building your family.

Warm Regards,

Lauren Reicher-Gordon
Vice President/Director of Family Visit Programs

Kidsave International | 310-642-7283

We have been advised of the risks and challenges children in institutional care and have been made aware of Kidsave's recommendation to pursue parent education, prior to the consideration of adoption, through an agency and/or through local resources in my community. Furthermore, if I/we decide we are interested in pursuing the adoption of a child(ren), we will NOT discuss adoption with the child.

Full Name

Date

Full Name Applicant 2

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 _____, and _____ 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 Weekend Miracles 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.

Client #1 Signature: _____ Date: _____

Client #2 Signature: _____ Date: _____

Witness (Kidsave Representative) _____ 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.



RELEASE FORM TO USE LIKENESS

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.

Name: _____

Date: _____

Signature: _____