

# CHICAGO HOSTING FAMILIES

## HOMESTAY APPLICATION

**Homestay option you prefer:**

\_\_\_\_\_ Traditional (All food included)

\_\_\_\_\_ Room Only (No food included) q Either

First Name \_\_\_\_\_ Last \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

**Current Address:**

Street

Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Postal

Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

**Permanent Address** (if different than above):

Street \_\_\_\_\_

Address \_\_\_\_\_

City, State, Postal code \_\_\_\_\_

Phone\_\_\_\_\_

Fax\_\_\_\_\_

Email\_\_\_\_\_

—

Agency Involved With Placement (If applicable):

Agent's Name and

Agency\_\_\_\_\_

—

Street Address\_\_\_\_\_

City, State, Postal

Code\_\_\_\_\_

Phone\_\_\_\_\_

Fax\_\_\_\_\_

Email\_\_\_\_\_

—

**Emergency Contact:**

Name and

Relationship\_\_\_\_\_

—

Street

Address\_\_\_\_\_

City, State, Postal Code\_\_\_\_\_

Phone\_\_\_\_\_

Fax\_\_\_\_\_

Email\_\_\_\_\_

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**General Homestay Information Continued...**

Anticipated arrival in the U.S.

Day\_\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_\_

English Conversational Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Current or Desired

Occupation \_\_\_\_\_  
\_\_\_\_\_

What is your field of study or major?

Do you have any of the following?

Health Problems YES \_\_\_\_\_ Explain \_\_\_\_\_ NO \_\_\_\_\_

Physical Handicaps YES \_\_\_\_\_ Explain \_\_\_\_\_ NO \_\_\_\_\_

Food Allergies YES \_\_\_\_\_ Explain \_\_\_\_\_ NO \_\_\_\_\_

Animal Allergies YES \_\_\_\_\_ Explain \_\_\_\_\_ NO \_\_\_\_\_

Are you taking medication(s)? \_\_\_\_ YES \_\_\_\_ NO

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What language(s) do you speak?

\_\_\_\_\_  
\_\_\_\_\_

Father's

occupation: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Names of brothers & sisters and their ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of family do you prefer:** (You may check more than one)

\_\_\_\_\_ Single Host (no children at home) \_\_\_\_\_ Family with teenagers (over 12 years old)

\_\_\_\_\_ Single parent with children at home \_\_\_\_\_ Family with no children

\_\_\_\_\_ Family with small children (under 12 years old)

I would like to live in a home that is:

\_\_\_\_\_ Quiet q Busy, Active \_\_\_\_\_ Sometimes busy, Sometime quiet

How do you keep your home?

\_\_\_\_\_ Clean/Neat \_\_\_\_\_ Comfortable \_\_\_\_\_ Messy/Not Clean

Would you be comfortable with:

A family that owns a dog? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No preference \_\_\_\_\_

A family that owns a cat? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No preference \_\_\_\_\_

### **General Homestay Information Continued...**

Do you smoke? \_\_\_\_\_ YES \_\_\_\_\_ NO (Most hosts do not allow smoking in their home)

Do you want to spend a lot of time with your host like a son or daughter? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you drink alcohol? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there any foods that you cannot eat? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what foods:

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\_\_\_\_\_

Do you have a car? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you plan to get a car? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you play musical instruments(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, what

instruments(s)? \_\_\_\_\_

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How long do you plan to live with a host?

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Do you have any strong personal beliefs that should be considered regarding your placement with a family? \_\_\_\_\_

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**Please check all hobbies and activities that you like to do:**

- ☐ Gardening
- ☐ Movies
- ☐ Golf
- ☐ Hiking
- ☐ Television
- ☐ Yoga
- ☐ Baseball
- ☐ Soccer
- ☐ Fishing
- ☐ Sewing
- ☐ Reading
- ☐ Dancing
- ☐ Cooking
- ☐ Biking
- ☐ Walking
- ☐ Concerts
- ☐ American Football
- ☐ Basketball
- ☐ Swimming
- ☐ Water Sports

\_\_\_\_ Skiing/Snow

\_\_\_\_ Boarding

\_\_\_\_ Board & card games

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please keep in mind that all of your requests may not be met. We will try our best to place you with a host that will match most of your needs.

I have read and understand the information provided in the Homestay application packet.

I understand that by signing this application, I am responsible for the rules outlined in **CHF**.

I agree to participate in the Homestay program to the best of my ability. The information I have provided in my application is truthful and accurate.

I give **CHF** permission to share information provided on my application with my prospective host.

(SIGNATURE &

DATE) \_\_\_\_\_

## **Photo/Model Release**

I hereby give **CHF** permission to take my photo, understanding that photos will determine a form of identity and that photos will not be reproduced for any other reasons, including but not limited to publications, displays, advertising, exhibitions and other uses. I understand that I will receive no monetary payment now or in the future for the reproduction of these photographs.

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**Student Name (printed)** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ (Month/Day/Year)

If the student is a minor (under 18 years of age) a parent or guardian signature is required.

### **Legal Guardian**

**Name (printed)** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ (Month/Day/Year)

**RULES, AGREEMENT AND RELEASE FOR MINORS** under the age of 18.

**This document has legal significance. Please Read Carefully.**

**The undersigned CHF, agree to the following rules:**

1. Students must obey the local, state and federal laws. Drinking alcohol is prohibited until age 21.

Smoking and purchasing cigarettes is prohibited until age 18. Illegal drugs are prohibited for persons of any age, and students should not be associated with anyone involved with illegal drugs in any way.

2. Students under the age of 18 must get approval from the host family for all activities. At all times, the host family must know where the student is, with whom, and when the student will return.

3. Students must obey the house rules, and respect the property of the host family.

4. Students and natural parents must respect decisions made by **CHF** officials.

In addition to the foregoing, the undersigned student and the student's natural parent(s) and/or legal guardian(s) acknowledge(s) certain facts and release(s) **CHF** and the student's host family, as follows:

1. **Student's Personal Property.** The student's personal property is not the responsibility of **CHF** and/ or the host family. Any lost or stolen personal property of the student, including lost or stolen money, which is not covered by an insurance policy, is the responsibility of the student and the student's natural parent(s) and/or guardian(s). Students are required to establish a bank account separate from that of their host family.

2. **Insurance.** Any medical expenses or lost/stolen property or damage not covered by applicable insurance of the student is the responsibility of the natural parent(s) and/or legal guardian(s) of the student.

a. **Medical Insurance.** Neither **CHF** nor the host family is responsible for any medical expenses incurred by the student. The student must obtain medical insurance coverage for the term



of his/her stay. Please note: Many medical insurance policies exclude coverage for “pre-existing conditions” (that is a medical condition that exists prior to the commencement of the insurance policy. Additionally, many such policies do not cover psychiatric care or any related expenses.

The student will be covered by the following medical insurance while living in the U.S.

**Homestay:**

\_\_\_\_\_Medical insurance purchased prior to arrival

\_\_\_\_\_Medical insurance available for purchase upon arrival at CHF

b. Property and Liability Insurance. Neither **CHF** nor the host family is responsible for any property damaged or destroyed by the student or for any liability that results from the student’s activities while enrolled at **CHF**. The natural parent(s) and/or legal guardian(s) of the student is (are) responsible for any damage or destruction of property or any injury to persons inflicted or caused by the student while living with the host family and/or enrolled at **CHF**.

**Signature of Student:**

\_\_\_\_\_

Date: \_\_\_\_\_

In addition to the foregoing, the natural parent(s) and/or legal guardian(s) agree to the following:

**PERMISSION FOR MEDICAL CARE and RELEASE:**

I (we), as the applicant’s natural parent(s) and/or legal guardian(s), give to **CHF**, its officers, employees, agents and host

families full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as an agent of the undersigned student and parent's guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following: Rendering or ordering medical treatment; the giving of medication and any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understand that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken. The undersigned agree to be financially responsible for all medical attentions so authorized or ordered during the student's attendance at **CHF**.

The undersigned represent that the named student has no medical restriction that limits his/her full participation in the programs and activities of **CHF** except as disclosed in any writing attached to this document. Permission is given for the student to participate in all activities offered at **CHF** , except as restricted in any attached writing.

To the fullest extent of the law, the undersigned hereby releases **CHF**, its officers, employees, agents, and host families from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

**Natural Mother/Legal Guardian:**

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Natural Mother/Legal Guardian (print name)

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Address: (Street / City / State / Postal Code / Country)

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Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Signature of Natural Mother/Legal Guardian:**

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Date \_\_\_\_\_ Month / Day /Year) \_\_\_\_\_

**Natural Father/Legal Guardian:**

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Natural Mother/Legal Guardian(print name)

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Address: (Street Address City / State / Postal Code / Country)

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Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Signature of Natural Mother/Legal Guardian**

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Date \_\_\_\_\_ (Month / Day / Year)

Rev.12/11/16

## Homestay Application – Certification Addendum

I \_\_\_\_\_ (print name) am applying for the **CHF** Student Homestay Program, and make the following certifications and promises as part of my contract.

### **Application Contract:**

1. Throughout my participation in the program I will adhere to the **CHF** Code of Conduct as set forth in the **CHF** Student Handbook and in documents provided to me by the Homestead Program.
2. I will respect the privacy and private property of the Homestead family with whom I will be staying and will not damage such property, or use such property without permission of an adult member of the family. I understand my obligation to follow all applicable laws regarding the use of illegal drugs and, if I am under the age of 21, regarding the use of alcohol.
3. I understand and agree that **CHF** or the hosting family does not guarantee or insure the background or safeness of the Homestead family or the dwelling where I will be staying, and that I alone am responsible for my decision to participate. However, if needed **CHF** will help in any way they can. I therefore WAIVE, AND RELEASE THE COLLEGE FROM, ANY CLAIM I MIGHT HAVE IN THE EVENT I AM INJURED OR MY PROPERTY IS DAMAGED OR STOLEN WHILE AT MY HOMESTEAD DWELLING.
4. In the event I encounter any difficulty with the Homestead family which I am unable to resolve on my own I will contact the

Program Coordinator at **CHF** and report my circumstances. I also understand that I can report any crime directly to the local police.

(Print name) \_\_\_\_\_

(Signature) \_\_\_\_\_

Date \_\_\_\_\_ (Month/Day/Year)

**HOMESTAY FEES** include clean private room with bed , desk and internet and 3 meals.

**I agree to pay \_\_\_\_\_ \$1500 USD to CIF monthly w/insurance**

**I agree to pay \_\_\_\_\_ \$1300 USD to CIF monthly w/o insurance.**

**All payments will be direct deposited in CHF bank account.**

**Payments are made after student has visited homestay family. Homestay fees are based on current postings.**