

Home-Stay Provider Application For ELI Students

Provider Information

Name: _____ Name of Spouse: _____

Address: _____ City _____, State _____, Zip _____

Home Phone: () _____ - _____, Cell Phone () _____ - _____, E-mail: _____

Emergency Contact Name and Phone Number: _____

How long have you lived in the U.S.? _____ Have you been convicted last 10 years? ___ Yes ___ No

Do you have children? ___ If yes, How many living in your house? ___ What age(s)? _____

About Your Home

Type of your house: ___ House ___ Duplex/Town home ___ APT/Condo Do you ___ Own ___ Rent?

How many bedrooms and bathrooms? ____/____ Do you have own backyard? ___ Yes ___ No

Do you have home or rental insurance? ___ Yes ___ No

More about Your Service

Have you provided home-stay service to anyone before? If yes, When? _____ How long? _____

When would you like to start your service? ___ Now ___ Later (Specify when _____)

Do you prefer to provide ___ a short term (8weeks) or ___ a long term service?

How long do you prefer to provide the home-stay service to a student on an average? _____

When you become unavailable to take care of the student(s) what would you do?

I prefer student(s)

Gender: ___ Female ___ Male

Age: ___ Under 12 ___ Middle school ___ High school ___ Other

When giving a ride to student(s), who will be the driver? ___ Myself ___ My spouse ___ Other

Driver's License #: _____ Driver's License #: _____

Driver's License #: _____

Do you have any medical doctor contact information available? ___ Yes ___ No

Name of Doctor or Clinic: _____ Phone number (if available) _____

How far is your home from ELI? By car _____ min. By distance _____ miles

Is anyone available for giving a ride 4 to 5 times per week to ELI school? ___ Yes ___ No

Student(s) will ___ have own room or ___ share a room with other

Does the rental room have its own bathroom? ___ Yes ___ No

Does your home have internet connection? ___ Yes ___ No

What is the minimum fee you must charge for your home-stay service?

1 Student per room: \$ _____

2 Student per room: \$ _____

As a home-stay provider I assure that the environment of the residence will be kept clean, quiet, stable for the student to be able to focus on their education. I understand that ELI assure no responsibility nor provides assurance regarding the arrangement. The home-stay provider's dealing will be directly with the family (parent or guardian) of the home-stayed student..

Signature: _____ Date: ____/____/____

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