



202' Special Conditions Form

Special Conditions ~ Detailed Information Form

Thank you for applying for an overseas homestay for your child! The purpose of this form is to help us match your child with the *best possible host family*. Please answer all questions **accurately**, and do not worry that your child will be stigmatized by the information you are providing to us. Please complete the form in English and in detail, giving examples. If more space is needed, please add a separate sheet. The more detailed and accurate information you give us, the better we can match your child with a wonderful host family! Thank you for help!

Delegate Name:	Age (as of Ju`m2&, 202'):
Gender: Male or Female	Organization:

1. Description of Special Needs

A. Physical:

- Name of Condition:
- Onset date or year:
- History:
- Current description/status: (Please be as detailed and accurate as possible!)

B. Mental/Psychological/Emotional:

- Name of Condition:
- Onset date or year:
- History:
- Current description/status: (Please be as detailed and accurate as possible!)

2. Please list any particular needs, concerns, or extra care required during the homestay. Does your child need help with daily personal care, eating, using the toilet, etc?

3. Are there any activities your child is restricted from? No Yes

If yes, please explain:

4. Does your child need any assistance for mobility? (i.e. wheelchair, crutches, etc.) Can your child use the stairs, walk long distances, etc.?

5. Can your child be alone sometimes, or does someone need to be with your child (in sight) at all times? Can your child use a public toilet alone? Can your child handle money alone?

6. Are there any special food or meal accommodations that must be made?

7. Does your child take any prescription or non-prescription medications? Please be sure to list both here and on the enclosed medical form **ALL** prescription and non-prescription medications which he/she will carry with him/her. **Be sure to thoroughly complete the chart below.**

Name of Medication	Dosage (mg.)	For what illness/problem	Time(s) to be Taken	Can child take by him/herself?	Describe any side effects

8. Does your child have severe pet allergies and/or a life-threatening condition that prohibits him/her from being in a home with any animal?
9. Explain how your child reacts in the following situations. Please give examples, and also tell us in detail how you deal with his/her reactions:
- a. In a new or different environment:
 - b. Under extreme stress or pressure:
 - c. When going without sleep due to overnight flight/jet lag:
 - d. Any other special situation we should know about:
10. Is your child's mental and emotional maturity comparable to that of others of the same age?
 No Yes
If no, please explain:
11. Which ages of children does your child enjoy being with the most?
12. Can your child explain his/her needs and feelings in English without a translator?
 No Yes
If no, please explain:
13. Is there anything else you would like to tell us that will assist us in caring adequately for your child? If yes, please explain:

By giving complete and accurate answers to the questions, you have provided information that will help us to find the best possible host family for your son/daughter!

Thank you for taking the time to complete this form.