

NISKAYUNA CENTRAL SCHOOL DISTRICT
INTERNATIONAL SCHOLARS PROGRAM

Bryan Mattice
bmattice@niskyschools.org
Kelly Lehmann
klehmann@niskyschools.org



HOST FAMILY APPLICATION

Dear Host Family,

Thank you for opening up your home to hosting an international student. Please complete this Host Family Application carefully and return to the program coordinator when done. If you have any questions along the way, feel free to call Bryan Mattice (518) 221-6592 or Kelly Lehmann at (315) 264-6398.

A few things to remember:

- Please print clearly.
- In your Host Family letter, please describe your family, why you want to host, and any pertinent information.
- Please remember to sign and date the Host Family Application.
- Your student's family will receive this application.

Section 1: Family Information

First and Last Name:

Parent #1: _____ Date of Birth: _____

Is parent #1 living full-time or part-time in the home? _____

Parent #2: _____ Date of Birth: _____

Is parent #2 living full-time or part-time in the home? _____

Street Address: _____

(If PO Box is listed, please include the physical street address below)

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Host Parent #1: Cell # _____ Email: _____

Host Parent #2: Cell # _____ Email: _____

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Parent #1 Employer Name: _____

Parent #1 Job Title: _____

Parent #1 Work Phone: _____ E-Mail: _____

Parent #2 Employer Name: _____

Parent #2 Job Title: _____

Parent #2 Work Phone: _____ E-Mail: _____

Additional Family Information — Please list names of children and others at home:

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Full Name: _____ Relationship: _____ Date of Birth: _____
Is this family member living full-time or part-time in the home: _____

Additional Family Member Employment Information
(please skip if additional members are not employed)

Family Member Employer Name: _____

Family Member Job Title: _____

Family Member Work Phone: _____ E-Mail: _____

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Family Member Job Title: _____

If yes, please explain:

Please provide a brief description of each household member (e.g., level of education, profession, interests, community involvement, relevant behavioral or other characteristics of such household members that could affect the successful integration of the exchange student into the household).

[illegible]

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Household Pets:

Would you be willing to host a student who is allergic to animals?

YES

NO

Please list any pets:

Type of Animal	Indoors	Outdoors	In and Out

Section 2: Financial Resources:

The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.

1. Average Annual Income Range (please circle)

Less than \$25,000 \$25,000-\$35,000 \$35,000-\$45,000
 \$45,000-\$55,000 \$55,000-\$65,000 \$65,000-\$75,000 \$75,000 and Above

2. Describe if anyone residing in the home receives any kind of public assistance (financial needs-based government subsidies for food or housing):

3. Identify those personal expenses expected to be covered by the student.

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Section 3: Diet

1. Does anyone in the family follow any dietary restrictions? YES NO

If yes, describe: _____

2. Do you expect the student to follow any dietary restrictions? YES NO

If yes, describe: _____

3. Would you feel comfortable hosting a student who follows a particular dietary restriction? (Vegetarian, Vegan, etc.) YES NO

4. Will your family provide the student three daily meals? YES NO

Section 4: High School Information

School Name and Address:

Niskayuna High School
1626 Balltown Road
Niskayuna, NY, 12309

Coordinator Contact Information:

Bryan Mattice, Coordinator
1626 Balltown Road
Niskayuna, NY, 12309
Phone: 518-382-2511
Email: bmattice@niskyschools.org

Approximate Size of the Student Body: 1,300 Students

Approximate Start Date of the School Year: September 14, 2020

Approximate Distance Between the School and Your Home: _____

How will the student get to school? (Bus, Carpool, Walk): _____

Will the family provide special transportation for extracurricular activities after school or in the evenings, if required? _____

Which, if any, of your family's children, presently attend the school in which the international student is enrolled? _____

If applicable, please list any sports, clubs, or activities, if any, your child(ren) participate(s) in at the school: _____

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Does any member of your household work for the high school in a coaching/teaching/or administrative capacity? **YES** **NO**

Has any member of your household had contact with a coach regarding the hosting of an international student with particular athletic ability? **YES** **NO**

If yes, please describe the contact and sport:

Section 5: Community Information

1. In what type of community do you live? (e.g., Urban, Suburban, Rural, Farm)

2. Approximate Population of the Community:

3. Nearest Major City (Distance and Population):

4. Nearest Airport (Distance):

5. City or Town Website:

6. Briefly describe your neighborhood and community:

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7. Please describe points of interests that near your area (parks, museums, historical sites):

8. Are there areas in or near your neighborhood that should be avoided?

Section 6: Home Information

1. Describe your type of home (e.g., single family home, condominium, duplex, apartment, mobile home) and include photographs of the host family home's exterior and grounds, kitchen, student's bedroom, student's bathroom, and family and living areas:

2. Describe primary rooms and bedrooms:

3. Number of bedrooms:

4. Will the exchange student share a bedroom? YES NO

If yes, with which household resident?

5. Describe the student's bedroom:

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6. Describe amenities to which the student has access:

7. Describe the home's utilities:

Section 7: Family Activities

1. Language Spoken in your home:

2. Please describe activities and/or sports each family member participates in (e.g., camping, hiking, dance, crafts, drama, art, music, reading, soccer, baseball, horseback riding):

3. Please describe your expectations regarding responsibilities and behavior of the student while in your home (e.g. homework, household chores, curfew (school night and weekend), access to the refrigerator and food, computer access, internet, email, etc.

Note: The use of any illegal substances are prohibited among International Scholars Program students.

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4. Would you be willing voluntarily to inform the international students in advance of any religious affiliations of household members? YES NO

5. Would any member of the household have difficulty hosting a student whose religious beliefs were different from their own? (Note: A host family may want the international students to attend one or more religious services or programs with the family. The international student cannot be required to do so, but may decide to experience this facet of US culture at his/her discretion.) YES NO

6. Please describe how you learned about becoming a host family:

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HOST FAMILY LETTER

Please describe your family, interests, family personalities, lifestyle, and any other information you feel would be important for your student to know. It is important to tell the host family committee and the future international student how you envision the international student would fit into family life in your home. Please print or type.

[illegible]

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Applicants and their families understand and acknowledge that by signing below they are responsible for the student while the student resides in their home. We agree to treat the student as part of our family, to supply the student with two meals a day and uphold all the rules of the Niskayuna International Scholars Program. In the event of any problem between the student and the American host family, Niskayuna School District reserves the right to remove the student at any time to resolve the situation. In the event that there is a problem and the host family no longer wishes to have the student reside with them, please contact the program coordinator (by phone) and allow for an acceptable amount of time for the coordinator to find additional residence.

Parent's Signature:

Date:

Parent's Signature:

Date:

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COVID-19 ADDENDUM/AGREEMENT

The host family's responsibility also includes assisting the student should they become ill.

For non urgent illness or injury:

- Provide access to in-home care (ie. Monitoring symptoms, rest, altered diet, over the counter medications, assistance with sanitizing precautions).

For illness or injury needing medical attention:

- Notify natural family and/or sponsoring organization.
- Assist the student in getting medical attention and completing necessary insurance information.
- Carry out the recommendations from the doctor, (ie. Monitoring symptoms, rest, altered diet, setting up follow – up appointments, transportation to physical therapy, etc.)
- Notify international coordinator and school nurse. If conditions worsen or need medical attention on a regular basis, coordinators will work with the natural family, host family and sponsoring organization to determine next steps.

In the event that a student is diagnosed with a confirmed case of COVID – 19:

- Assist the student with medically recommended in-home care and help the student seek additional medical assistance as needed.
- The host family also agrees to adhere to **current Federal and State guidelines** when caring for and living with a COVID-19 positive person. (ie. Have the student stay in their own space, wear face covering, avoid leaving the home and prohibit visitors, sanitize home often, etc.)
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
<https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19>
- Notify natural family, international coordinator(s) and school nurse. The school district will notify Schenectady County Dept. of Health for further guidance on treatment and precautions for the student who is ill and for host families.

In the event that a host family becomes ill and is unable to care for the international student, contact the International Scholars Program coordinator.

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Local Medical Facilities/Medical Resources

Ellis Hospital Information

Address: 1101 Nott Street, Schenectady, NY, 12308
Website: <http://www.ellismedicine.org/emergency>
Emergency Room #: 518-243-4121
Hospital Information: 518-243-4366

Albany Med EmUrgentCare – Niskayuna

Address: 1769 Union Street, Niskayuna, NY, 12309
Website: <https://www.amc.edu/emurgentcare/niskayuna.cfm>
Phone #: 518-264-9400 Ex. 7

Student and Exchange Visitor Information Services

<https://www.ice.gov/sevis>

International Scholars Program Coordinators/Contacts

Bryan Mattice 518-221-6592
Kelly Lehmann 315-264-6398

Signature: _____

Date: _____

Signature: _____

Date: _____

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HOST FAMILY REFERENCES

Name:	_____
Address:	_____
City:	_____
State: _____	Zip: _____
Telephone: (____) _____	

Name:	_____
Address:	_____
City:	_____
State: _____	Zip: _____
Telephone: (____) _____	

Name:	_____
Address:	_____
City:	_____
State: _____	Zip: _____
Telephone: (____) _____	

Please provide us with 3 references of people who know your family but are not members of your immediate or extended family.

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Criminal Background Check Authorization and Release

_____ First Name	_____ Last Name	_____ Middle Name
_____ Date of birth (MM/DD/YYYY)	_____ Driver's License Number	_____ Social Security Number
_____ Address		_____ Dates of Residence
_____ Former Address		_____ Dates of Residence

I do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon request to complete and accurate disclosure of the nature and scope of the background check.

Information appearing on this Authorization will be used exclusively by General Information Services, Inc. for identification purposes from General Information Services, Inc. information about the nature and substance of all records on file about me at the time of my request. This may include the type of information requested as well as those who requested reports from General Information Services, Inc. within the two-year period preceding my request.

_____ Printed name	_____ Applicant Signature	_____ Date
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Criminal Background Check Authorization and Release

_____ First Name	_____ Last Name	_____ Middle Name
_____ Date of birth (MM/DD/YYYY)	_____ Driver's License Number	_____ Social Security Number
_____ Address		_____ Dates of Residence
_____ Former Address		_____ Dates of Residence

I do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, adding history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon request to complete and accurate disclosure of the nature and scope of the background check.

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_____ Printed name	_____ Applicant Signature	_____ Date
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HOST FAMILY ORIENTATION SIGN-OFF

Student Name: _____

Host Family: _____

Area Representative: _____

US Organization: _____

I attended this orientation on ____/____/____

By signing this form, you verify that the rules of the exchange program have been explained and you agree to comply with all policies, particularly:

- Independent travel is not permitted while on the exchange program.
- Overnight travel is only allowed with a host parent, school sanctioned chaperone or a tour guide approved by the exchange organization.
- Students are not allowed to operate motor vehicles.
- Program participants are not guaranteed diplomas.
- Students are expected to depart within five days after the last day of school.

In addition, this document serves as an acknowledgement that a designated representative of the exchange organization performed an in-home interview, that you have received a host family handbook. Your signature also confirms you have been provided the name and contact information of a supervising representative who will be available to objectively assist you and the student during the program.

Host Parent Signature: _____

Host Parent (Print): _____

Date: _____

Host Parent Signature: _____

Host Parent (Print): _____

Date: _____

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