

# Healing the Children – NORTHEAST, Inc.

*Healing the Children... One child at a time*

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## Host Family Packet



**Healing the Children – NORTHEAST, Inc.**  
P.O. Box 129, New Milford, CT 06776  
Phone: 860.355.1828 • Fax: 860.350.6634  
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P.O. BOX 129, NEW MILFORD, CT 06776  
PHONE (860) 355-1828  
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TAX ID #06-1172388  
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## General Information Sheet – Agreeing to be a Host Family

Please review this list to evaluate your situation. Please speak to someone in the HTCNE Office if you have any questions.

1. You are required to have an empty private room for child and parent to share.
2. Non-ambulatory children and children under 5 years old must sleep on the same floor as their parent.
3. Bedrooms are rooms only used for sleeping and must have a window.
4. Basement bedrooms can be used only if there are 2 direct exits to the outside of the building, i.e., direct exit door to the outside and a large opening window, which an adult/child can fit through and reach is acceptable.
5. Parents wishing to care for children of the same age as their own children should be aware that this is not considered good placement practice, due to rivalries, jealousies, and insecurities of the children involved.
6. Smoke alarms/detectors are required on all living/sleeping levels of the home, and are strongly recommended.
7. Host parents should have income sufficient to meet their family's needs. HTCNE does not provide financial reimbursement.
8. Children are placed with any family, from any racial or ethnic background.
9. Knowing the child's native language, or the language of the country where the child is from, is NOT a requirement.
10. The only requirement other than mentioned above is love, understanding, compassion, and commitment to helping a child in need.

In addition, a Department of Children and Family, state hotline check will be performed for all adults living in the host family's home. This is only to ensure the safety of the child.



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## Introduction to Hosting a Child

**Healing the Children – NORTHEAST, Inc.** is a humanitarian aid organization based in New Milford, Connecticut, which provides medical assistance to children throughout the world who lack sufficient access to medical services and/or the financial resources to obtain services. Our mission is to help children receive medical care unavailable to them due to lack of resources or health insurance. That mission is accomplished through the delivery of three programs: **Medical Teams Abroad**, serving children in impoverished nations; **International Inbound**, arranging for children to be brought to the United States for free medical care; and **Domestic Kids**, providing necessary medical services to children living locally within the United States, specifically in the Northeast. Our Medical Teams Abroad program organizes teams of volunteer surgeons, anesthesiologists, pediatricians and nurses who travel to developing countries around the world in order to treat children in need. Healing the Children - NORTHEAST also maintains relationships with many doctors and hospitals in the Northeastern United States whom we approach with cases of children seeking medical care that is either unavailable in their native countries, or unavailable based on a lack of medical insurance. These doctors and hospitals agree to waive their professional fees and costs and provide medical care on a pro-bono basis to our **International Inbound** and **Domestic Kids** children.

Through our International Inbound program, children are treated in the United States. Host families agree to open their hearts and homes by welcoming a child and parent into their lives during the time a child is being treated by a local physician. Host families are an integral part of the process of healing a child. It is because of these generous families that our program is able to accomplish so much. In general, a typical stay for a child and their parent will last from a few weeks to about 2 or 3 months, depending on the treatment plan. We have many host family opportunities throughout the Northeast area.

Please contact Christina Geary, Program Coordinator, via email ([cgeary@htcne.org](mailto:cgeary@htcne.org)) or by phone at (860) 355-1828, ext. 21 if you are at all interested in becoming a volunteer Host Family for our children receiving medical services in the Northeast area. Our main office is located in New Milford, Connecticut. For more information about our organization, visit our web site: [www.htcne.org](http://www.htcne.org).



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## Host Family Procedures

### Administrative

1. Provide for physical needs such as food, and shelter.
2. Communicate with biological parents to the best of your abilities.
3. Communicate with HTCNE coordinator on a regular basis. Indicate the child's social and medical progress.
4. Change of Placement. Child must remain in the host family home where placed, unless HTC gives its prior consent for a placement change.
5. Taking a child out of State. The child must not be taken out of the State or Country for any reason without notifying the Healing the Children Social Worker at 355 – 1828.

### Medical

Routine Checkups: Assist parent with carrying out the established medical plan for the child as set forth by HTCNE staff. If additional medical treatment is required, or change of treatment is necessary, this must be done under prior consent and direction of HTCNE.

If you choose to seek medical help not previously authorized, you will be responsible for any incurred costs. **The exception**, of course, is that in case of **an emergency**, we expect appropriate medical treatment to be given. We ask you to make a reasonable attempt to contact either your coordinator or the home office.

The host family is responsible for medicine expenses related to routine illnesses. However, any unusual needs should be checked with HTCNE Office.

If, at any point, you receive a bill, do not panic. Quite often, this is due to computer error. A simple phone call to the billing department will usually solve the problem. Your HTCNE contact will be happy to assist you with this matter.

Provide transportation: When possible, transportation for treatment should be provided by an adult member of your family. When scheduling is a problem, please be sure to contact your HTCNE coordinator in order to arrange for help.

Documents that will arrive with your child:

Please forward to the HTCNE Office:

Child's history, both medical and social  
Passport and/or visa (I-94 card) for child and parent  
Possibly a return airline ticket for child and parent  
Possibly medical records

The records regarding the social and family history are given to you in order that you can understand and deal with the child. All records are confidential. None of this information is to be given to the child, press or public without HTCNE consent.

Before a child leaves your care, request medical records from all doctors who have treated him, in addition to immunization records, X-rays, etc. Please request two copies – one will travel with the child, the other for the HTC office.

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**I hereby authorize Healing the Children to perform a Department of Children and Family hotline check.**

**I have read and understand the Host Family Procedures as set out by Healing the Children.**

\_\_\_\_\_  
Host Father

\_\_\_\_\_  
Host Mother

Please fax a copy to 860.350.6634 Attn: International Inbound Program Coordinator



I would prefer no more than \_\_\_\_\_ children in my home at one time.

I would prefer: Male \_\_\_\_\_ Female \_\_\_\_\_ No preference \_\_\_\_\_

I would prefer the child to be between the ages of \_\_\_\_\_ and \_\_\_\_\_

Do you speak any foreign languages? If so, please list. \_\_\_\_\_

Do you now have a foster care license? \_\_\_\_\_ If yes, please send a copy to us.

Do you have any current health problems? \_\_\_\_\_

Do you have a car available for your use? \_\_\_\_\_

List character references with their name, address and telephone number.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you hear about Healing the Children?

Do you have any special training helpful in caring for children? If so, please list?

Why do you want to be a Host Parent?

Please include a snapshot of you and your family home.

Please give directions to your home from the nearest Interstate Highway on the back of this form.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: June 2006