

## Prospective Host Family: Welcome!

Thank you for your interest in opening your hearts and home to an experience of international culture and tradition. The Homestay program at California State University, San Bernardino offers a chance to develop international diversity and education in our community. It is an excellent opportunity for you and your family to learn the practices and traditions of different cultures firsthand. Welcoming international students into your home allows them to learn about our country, not only in the classroom, but also through the everyday American traditions at your home. This opportunity provides invaluable education to both host families and students, while creating memories and friendships that will last a lifetime.

IEP offers short and long term programs throughout the year to male and female students of all ages, from everywhere in the world. Through our English Language Program (ELP), students study various subjects centered on developing their English skills.

The IEP Homestay Program welcomes families who will provide students with a safe, friendly and comfortable environment. Students look forward to learning American traditions and lifestyles, while in turn sharing their own cultures with your family.

Welcoming an international visitor into your home is an exciting and rewarding experience; however it may change your family's daily life. Adding a new person to your family requires different household schedules, and raises transportation, food or other issues. Patience and understanding are necessary as students are also looking to learn through participating in conversations and activities with your family. If you are seriously considering hosting an international student, please discuss this matter carefully with each member of your family, so that everyone is willing to share his or her home life with the student.

You will find all the information you need regarding our homestay program in this document. If you are interested in participating in the IEP Homestay Program, please return the following items in the enclosed envelope:

- 1. Completed, signed and dated IEP Host Family Application**
- 2. Host Family Pictures**
- 3. Signed Authorization for Background Investigation (One authorization is required for each potential host parent, as an investigation will be made on all applicants, as well as one for each adult 18 years and older living in the home)**
- 4. Signed and dated IEP Host Family Agreement**
- 5. Application fee of \$25 per potential host parent and per adult living in the home (18 yrs. or older)  
Single applicant= \$25, two applicants = \$50, etc.  
*Make checks payable to CSUSB College of Extended Learning***

After reviewing your application, reference check, and the completion of a background investigation, we will notify you of your application status, at which point a home visit will be scheduled. It is highly encouraged that all family members be present for this visit. Due to our large number of applications and activities, approximately one month (or more) is needed for the reviewing process.

Again, we appreciate your interest in joining our international community and look forward to your candidacy. Should you have any questions, please call our office at (909) 537-5980, or e-mail me at [homestay@csusb.edu](mailto:homestay@csusb.edu)

Sincerely,  
Homestay Program Staff  
International Extension Programs  
CSUSB 5500 University Pkwy.  
College of Education, Room 356  
San Bernardino, CA 92407  
Phone: 909-537-5980  
Fax: 909-537-7020

## Homestay Host Family: Application

Last Name:	Home Phone#:
	Cell Phone#:
Address:	
City:	State & Zip:
Email Address:	

**Family Members Living at Home:**

**Adults / Parents**

First Name:	Date of Birth:
May we provide your age to our students?    YES    -    NO	
Profession:	Employer:
Work Phone#	Cell Phone#

First Name:	Date of Birth:
May we provide your age to our students?    YES    -    NO	
Profession:	Employer:
Work Phone#	Cell Phone#

**Children**

First Name:	Date of Birth:	Male - Female
First Name:	Date of Birth:	Male - Female
First Name:	Date of Birth:	Male - Female
First Name:	Date of Birth:	Male - Female
First Name:	Date of Birth:	Male - Female
First Name:	Date of Birth:	Male - Female

**Additional Adults Living in the Home:**

First & Last Name:	Date of Birth:	Gender/Relationship:
First & Last Name:	Date of Birth:	Gender/Relationship:

**Pets (Please list the pets in your family and indicate where they live):**

Cats:	Inside	Outside	Both
Dogs:	Inside	Outside	Both
Others:	Inside	Outside	Both

**Additional Information (Optional):**

Religion:		
Medical Conditions:		

**Please briefly describe your family hobbies and interests:**

---



---



---

**Languages**

What is the primary language spoken in your home?

---

Do any members of your family speak another language? (If "yes," please indicate which members and which language)

---

Are all members of your family fluent in English?

---

**Placement Information**

We would prefer to host: (Please circle)	Female	Male	Either
We are able to host: (Please circle)	One student	One or two students	Two students only

**Nationality**

We would prefer to host students from:  (Examples: Japan, Korea, China, Saudi Arabia, Europe, Brazil, Taiwan...)	
We would prefer to <i>not</i> host students from:  (Examples: Japan, Korea, China, Saudi Arabia, Europe, Brazil, Taiwan...)	

**Accommodations**

<u>Room # 1</u>	Single room (1 bed)			Double room (2 beds)		
(Please circle)	Desk	Lamp	Dresser	Closet space	Linens	Other

<u>Room # 2</u>	Single room (1 bed)			Double room (2 beds)		
(Please circle)	Desk	Lamp	Dresser	Closet space	Linens	Other

**Meals**

The family will provide the food for all meals. The family should prepare and share dinner with host student as often as possible.		
Breakfast will be prepared by : (Please circle)	Family	Student
Lunch will be prepared by : (Please circle)	Family	Student

**Laundry**

Laundry will be done by: (Please circle)	Family	Student
Student may use the family: (Please circle)	Washer	Dryer

**Transportation**

The family will provide transportation to and from school. The student's use of public transportation will be at the discretion of the student and IEP.		
Is there a bus stop nearby?: (Please circle)	Yes	No
If the student has a car, is there parking space available? :	Yes	No

**References**

Please provide the names, addresses, and telephone numbers of two persons willing to provide IEP with a reference on your family with regards to hosting international students (phone calls will be placed to your references during business hours)	
Name:	Phone:
Address:	City, State, Zip:
Relationship to you:	
Name:	Phone:
Address:	City, State, Zip:
Relationship to you:	

**Smoking**

Do any family members smoke? : (Please Circle)	Yes	Inside	Outside	No
If "no", may student smoke outside the house:	Yes		No	

**Alcohol**

If the student is 21 years of age, may he/she drink alcohol within reason in your home?: (Please Circle)	Yes	No
----------------------------------------------------------------------------------------------------------	-----	----

**Internet**

Is there internet access in your home?: (Please circle)	Yes	No	Wireless
If Yes in which room(s)?			

How did you hear about IEP's Homestay Program?

\_\_\_\_\_

Please explain why your family is interested in hosting an international student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any resident of your home been convicted of a felony or misdemeanor? If so please list convictions.

Yes:	No
------	----

Please note that we will not pursue your application if you or any member living in the home has been convicted of a felony.

We, the homestay family applicant, agree that this is an accurate description of our family and environment. We agree to abide by the information on this application. If any information regarding our family changes, we agree to notify IEP immediately.

**PLEASE NOTE THAT: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AUTOMATIC PLACEMENT OF A HOMESTAY STUDENT IN YOUR HOME. THE CSUSB HOMESTAY PROGRAM RESERVES THE RIGHT TO REFUSE ANY APPLICANT WITHOUT EXPLANATION. ADDITIONALLY, IF YOU ARE APPROVED AND GIVEN A HOMESTAY STUDENT, CSUSB MAY REMOVE THE STUDENT AT ANY TIME IF IT IS DETERMINED NECESSARY BY THE HOMESTAY COORDINATOR OR ANY OTHER EMPLOYEE OF THE PROGRAM. ONCE YOU ARE AN "APPROVED" HOST FAMILY, CSUSB HAS NO OBLIGATION TO FURNISH YOU WITH A STUDENT ON A CONTINUING BASIS AND MAY TERMINATE YOUR STATUS AS AN "APPROVED" HOST FAMILY WITHOUT EXPLANATION AT ANY TIME DEEMED NECESSARY.**

Homestay Parent Signature		Date:
Homestay Parent Signature		Date:

Host Family Name:		Date:
-------------------	--	-------

Our Family	Please provide a picture of your family as a group
Our Home	Please provide a picture of the outside of your home
Our Neighborhood	Please provide a picture of your neighborhood

<p>Student Bedroom # 1</p>	<p>Please provide a picture of bedroom #1</p>
<p>Student bedroom # 2</p>	<p>Please provide a picture of bedroom #2</p>
<p>Other: Pets, garden, family events</p>	<p>Please provide a picture representing your family's spirit if you wish to</p>



## Authorization For Background Investigation

(Each adult over 18 years of age must complete a separate authorization for the background investigation.)

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background in connection with an application to become a host parent for International Extension Programs at California State University, San Bernardino.

I authorize and request any present or former employer, school, police department, court records, including those maintained by both public and private organizations, financial institutions or other persons having knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for hosting an international student in my home. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former reference who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name		Date of Birth:	
First:	Middle:	Last:	
Maiden Name or other names used:			
Social Security Number: ____/____/____	Driver's License Number:	State of Issue:	

Signature:		Date:
------------	--	-------

There are no refunds on background authorizations.

Please return this authorization form to the IEP office, along with cash or check for \$25.00 per background check, payable to CSUSB College of Extended Learning!

## Authorization For Background Investigation

(Each adult over 18 years of age must complete a separate authorization for the background investigation.)

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background in connection with an application to become a host parent for International Extension Programs at California State University, San Bernardino.

I authorize and request any present or former employer, school, police department, court records, including those maintained by both public and private organizations, financial institutions or other persons having knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for hosting an international student in my home. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former reference who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name		Date of Birth:	
First:	Middle:	Last:	
Maiden Name or other names used:			
Social Security Number: ____/____/____	Driver's License Number:	State of Issue:	

Signature:		Date:
------------	--	-------

There are no refunds on background authorizations.

Please return this authorization form to the IEP office, along with cash or check for \$25.00 per background check, payable to CSUSB College of Extended Learning!

# Host Family Agreement

1. **BEDROOMS:** Host families shall provide a private bedroom for the students. Provide each student with his or her own bed, own desk and own study lamp. A bathroom may be shared with other family members.

2. **MEALS:** Provide three meals per day.

BREAKFAST: For breakfast, you may prepare the food or simply provide the food for the students to prepare their own meals.

LUNCH: For lunch, you may prepare a sack lunch or provide the food for the students to make their own lunches. On the weekends lunch should be a family meal as much as possible.

EVENING MEAL: The evening meal should be a sit-down meal shared by everyone and prepared by the host family.

DELIVERED FOOD: If you order food to be delivered in place of a home-cooked meal, the student should not be asked to pay.

EATING OUT: If you choose to eat out instead of fixing a home-cooked meal, the student should not be asked to pay. If a special occasion calls for an expensive restaurant, and you do not feel you can pay for the meal, give the student a choice of paying for his or her meal at the restaurant, or staying home to eat the meal you have prepared for the student. Please keep in mind at these times that the student has paid the expense for three meals a day.

3. **TRANSPORTATION:** Host families are expected to bring the students to school and all school related functions on time. Please pick your student(s) up on time or make prior arrangements with your student(s). As students are dependent on host families for their daily living needs, we hope you will take them on your routine trips to the grocery store and other shopping facilities.

PUBLIC TRANSPORTATION: Due to the student's lack of English communication skills, we recommend that they not use public transportation. If your student asks to use public transportation, please ride with the student one time so that he/she is aware of the system (payment, transfers, stops, etc.). If your student is not comfortable in using public transportation, we ask that you respect that decision.

CARPOOLING: Host families may arrange carpools with other IEP host families. However, carpools are meant for convenience, not necessity. IEP must be assured that each host family can provide transportation without the use of the carpool system. *IEP is not responsible for the arrangement of carpools. This is the responsibility of the host families involved.*

4. **SAFETY:** IEP asks that host families provide a safe environment for the student. The environment should be free of any illegal activity, and the student should feel comfortable in the home as well as in the neighborhood. IEP asks that the family provide safety advice to the student, regardless of the student's age.

5. **SMOKING:** Students are not to smoke inside or outside of the host home unless authorization is given by the host family.

6. **ALCOHOL CONSUMPTION:** Students under 21 may not consume alcohol in the home or elsewhere with the family. Students 21 or older may have a drink if invited by the family to do so.

7. **CLEAN ROOMS:** Students are responsible for keeping their rooms clean at all times. Students will also clean up after themselves in all other rooms of the home, especially the bathroom.

8. **LAUNDRY:** Please show the students how to use the family laundry facilities.

9. **LONG DISTANCE TELEPHONE CALLS/INTERNET:** Students must make long distance telephone calls collect, with an international credit card, or through special arrangements with the family. Families are responsible for collecting payment from students for the telephone bills.

Cell phones and internet access are highly encouraged for host families as we, and the students, may need to be in contact with you. Lack of internet may prevent the receipt of important information and students prefer to stay in a home with access. At no point may a student be asked to pay for internet service in your home. It is up to your family to set guidelines for what is acceptable use of the internet in your home.

10. **OVERNIGHT GUESTS:** Students may not have overnight guests in their rooms except through special arrangements with their host families. Be sure all arrangements concerning number of guests, time of event, transportation, and food are specific and concrete. If the guest is also a homestay student, please communicate with the other host family involved to coordinate the arrangements.

11. **CURFEWS:** Host families should establish curfews for safety reasons for students less than 18 years of age. Other students may be treated as adults.

12. **OUTINGS:** Students should be invited to join family outings. If the family is expecting the student to pay all or part of the student's expenses, it should be made clear before the outing. The amount of money the student needs should be stated. The student should then be offered an option of going or staying home. Please remember that the students have reimbursed the families for three meals per day.

If our family invites a student to go on an outing that will cost the student money, the student will need to be told ahead of time and asked if they want to participate or not. If the student chooses not to participate, other arrangements will need to be made for that student while your family is on the outing. If the student is not told that an event will cost money, the host family will have to pay for the fees of that outing.

13. **EVENTS:** If your family plans a party or other event that requires the student to reimburse the family for the event, we must first get permission from the Visiting Escort or an IEP Staff Member, before the event takes place.

14. **RELIGIOUS ACTIVITIES:** To learn more about the American culture, host families are encouraged to invite students to accompany them to functions outside the home, including religious services or activities. Proselytizing, however, is absolutely forbidden. Students have the option to join the family, or to remain at home.

15. **ABSENTEE HOSTS:** Host of students 18 or older may be absent for a few days, provided alternative eating arrangements are made and transportation to school is provided. Please be sure the student feels comfortable about the absence. The host family may list additional rules for this period and review these rules with the student. Host families are asked to please notify IEP prior to the absence. *IEP must approve of the temporary arrangements for the student.*

16. **LEARNING ENVIRONMENT:** Host families need to set aside time to speak with students, help them practice their English, and ease them into American culture and lifestyles. We want to emphasize that English must be the primary language at your home when students are present. Please keep in mind that communication is difficult for the students. Use of profanity with/around the students is inappropriate and may prevent the future placement of students in your home.

Getting to know each other and establishing a relationship takes time that must be planned for in your daily schedule. Host families should include the student in daily family activities.

17. **MEDICAL INSURANCE:** All students are required to have medical insurance. In the event a student becomes ill or has an accident (emergency), the host family should refer him or her to the host family's own physician or take him or her to the nearest emergency room. Host families should review each student's insurance when they move in. Students may be expected to pay for any treatment at the time of service; they will be reimbursed by their insurance company at a later date.

ROUTINE MEDICAL PROBLEMS: In the case of colds or other routine medical needs, the students have full access the health center on campus. An appointment is necessary or the student will be on a standby basis. A student identification card is required. Students should visit the IEP office early in the day for appointment scheduling.

18. **EMERGENCY CONTACTS:** Host families should ask each student to provide the name, address, and telephone number of a relative who should be contacted in case of an emergency. IEP provides host families with a local emergency contact telephone number to reach an IEP staff member.

19. **RESPONSIBILITY:** IEP is not responsible for any household damages incurred by the student. The student and his/her parents are responsible for repairs to or replacement of damaged articles.

20. **IEP HOMESTAY COUNSELING:** Confidential counseling resources are provided to homestay students and host families. If there are any concerns, the host family is asked to contact the IEP Homestay Coordinator. In addition, students are encouraged to seek advice from the IEP Homestay Coordinator. Host families should not reprimand the student for approaching the Coordinator prior to approaching the host family. Students are given advice on how to communicate their concerns with the host family to find solutions to the concerns.

21. **CHANGES IN THE HOST FAMILY HOME:** If there are any changes in the host family's home, the family must inform the IEP office. Examples of changes: change of address, change of telephone number (home and work), change of profession, family members or friends moving in/out, changes in the accommodations for the student, health concerns which a student should be made aware of, new pets, pets no longer in the home.

22. **RETURNING STUDENTS:** There are times when a former student will ask to visit the host family's home during a vacation, which may be while the family is hosting a current student. Host families should keep in mind that the visit from a former student may disrupt the current student's ability to adjust to the family. Authorization must be obtained by the IEP office prior to a former student staying in the same home as a current student.

23. **FEES:** The standard Homestay Fees paid to the host family for room, board, and transportation are as follows:

\$900.00 per month, or \$30.00 per night

(Some programs may vary slightly, based on students' participation in overnight field trips)

In the event that a student misses a payment due date, the Homestay Coordinator should be contacted.

***Host families are not to ask students for money.***

24. **PROOF OF INSURANCE COVERAGE:** California State University, San Bernardino requires that each host family provide current proof of automobile and homeowner's insurance to IEP. The documents will ensure that IEP students are covered in the event of an accident or damage to belongings while the student lives in the host family's home. Minimum liability limits are:

Automobile insurance for the minimum amount prescribed by law: \$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of two or more persons in one accident; \$5,000 property damage.

Homeowners' or renters' insurance covering guests and belongings in the home.

Host families need to supply IEP with a copy of proof of policy, which includes the type of policy, liability coverage, name of agent/insurance Company, and dates of validity. When a policy is renewed, simply send a copy to IEP via mail, fax, or email. If IEP does not have current proof on file, we cannot place a student in your home. If the policy lapses while the student is in your home, and we do not receive the renewed proof, the student will need to move from your home. If you fail to maintain your file with current insurance information you will become inactive immediately.

**25: HOMESTAY FEE REFUND POLICY:**

STUDENT REQUEST TO MOVE: The student is expected to give the host family a two week (for long term students only) and a two day (for short term students) notice if he/she wishes to move prior to the end of the stated program date. If a two-week notice is given, the host family will refund the remaining amount of the monthly fee (calculated by the IEP office) when the student leaves. If no notice is given, the host family may keep the homestay fees for the next two weeks, and refund all fees over that amount.

HOST FAMILY REQUEST FOR STUDENT TO MOVE: If the host family wishes for the student to move prior to the end of the stated program end date, the family is expected to give the student a two-week (for long term students) and a two day (for short term students) notice. The host family will refund the remaining amount of the monthly fee when the student leaves (calculated by the IEP office). If no notice is given, the family will refund all homestay fees remaining for that month.

IEP reserves the right to move a student without notice if the office finds the student is living in an unsafe or unsuitable environment. IEP may ask the host family to refund all remaining fees for the month.

All refunds are given directly to the student in the form of cash (unless otherwise authorized by the IEP office).

**26. HOUSEHOLD MEMBERS:** No one outside those listed on the application can live in the home without notifying IEP prior to a student moving in. No outsiders can live in the home without a background check while hosting.

**27. BACKGROUND CHECKS:** Households will undergo a background check every 5 years which will cost \$25.00/per family member.

**28. TITLE IX TRAINING:** All adults (18 years or older) are required to attend a sexual harassment prevention orientation once each academic year. Dates will be provided by the IEP office.

**29. CLEANLINESS:** House must be kept clean.

**30. EXTERNAL FAMILY MEMBERS:** Host families must consider potential conflicts with external family members.

**31. HOST FAMILY MOVES:** If a host family moves a home visit of the new home is required prior to hosting any student.

**32. ASKING STUDENTS FOR MONEY:** Host families cannot ask students for additional money. This includes requests for gas or payment in advance. Should this occur, it can be grounds for immediate termination of host family.

**33. CONFIDENTIALITY:** IEP provides the private contact information of all host families in each program for the sole purpose of promoting communication. Use of this information for any reason other than official Homestay business is highly discouraged.

**DISCLAIMER: CSUSB MAY REMOVE THE STUDENT AT ANY TIME IF IT IS DETERMINED NECESSARY BY THE HOMESTAY COORDINATOR OR ANY OTHER EMPLOYEE OF THE PROGRAM. CSUSB HAS NO OBLIGATION TO FURNISH YOU WITH A STUDENT ON A CONTINUING BASIS AND MAY TERMINATE YOUR STATUS AS AN "APPROVED" HOST FAMILY WITHOUT EXPLANATION AT ANY TIME DEEMED NECESSARY.**

We/I (the Homestay Family applicant) agree that this is an accurate assessment of the services that we/I offer to students who stay in our home and we agree to abide by the information on this application. A new Host Family Agreement must be signed annually.

We/I certify that my family will comply with the host family expectations stated above.

Host Family Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Host Family Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homestay Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_