**Sample Hosting Information**

**Form**

Name:

Please list all the people living in the hosting household and describe their relationship within the household (e.g. brother, father in law, etc.)

If there are adults not related to the family living in the home, please describe the situation:

Our family can host a:

female

male

either

Our family can host (number of ) participant(s).

Language(s) spoken at home: Our billet (s) will have a separate room: yes no, he/she will share a room with: *Your billet(s) must have their own beds.*

At least one of our household members smokes: yes no

If yes, we/they are willing to smoke outside during the hosting period: yes no yes, if a twinning is not otherwise possible.

Our billet(s) can smoke in our house: yes no outside only neither We have animals in our home: yes (type) no

We are prepared to take into account any special dietary needs my billet(s) has: yes no We are prepared to take into account any manageable medical needs my billet(s) has:

yes no

We are prepared to take into account any manageable physical restrictions my billet(s) has: yes no

We are prepared to take into account any allergies my billet(s) has: yes no

*Please note: a parent or legal guardian must be present in the home during the hosting period.*