

Application for Sponsorship

Touch a Life

A child sponsorship ministry of the Final Frontiers Foundation, Inc.

I.D. _____

Personal Information on the child:

Name: **Yensi Fabiola Andino Rosales**

Name child is called by if different:

Birthday (d/m/y): **27/december/2001**

Nationality: **Honduran**

Country: **Honduras**

Town: **San Juan de Flores**

What is the child's current status?

- ☐ Orphan
- ☐ Abandoned
- ☒ **Destitute**
- ☐ Other

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

They have always been poor because her dad doesn't make enough money getting sand out of the river.

Family Information:

Does the child have any natural brothers or sisters?
(If the answer is yes, please list their names and current ages.)

Name: **Cristian David Rosales** Age: **5**

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

What is the child's eye color?

Dark brown

What is the child's hair color?

Brown

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Bean, rice, cheese, eggs.

What is the child's favorite color?

Red

Has the child ever gone to school?

No

What is the last grade completed?

Is the child currently attending school? If not, why not?

No, she is not old enough yet.

If the child has toys, what does he like the most?

Old dolls.

What toys does the child wish to have?

A doll, a bike.

What is the father's name?

Jose Nahun Andino

What is the father's occupation and weekly salary?

He gets sand out of the river and earns L.300 a week (\$15)

What is the mother's name?

Evelin Rosales Flores

What is the mother's occupation and weekly salary?

She is a maid and earns L.60 a day. (\$3.00)

Describe the specific living conditions of the child in detail. List the child's material possessions.

They rent their one-room house. She only has one doll and very few clothes.

Describe the condition of the house and living area. (please include photographs)

She has her own bed. She lives in an adobe house; they have 4 benches and 2 plastic chairs, 3 beds and no kitchen. They have a flushable toilet.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

No

Does the child attend Sunday School regularly? If not, why not?

No. She is too young.

What is the name of the church?

Vida Nueva Asambleas de Dios (New Life Assembly of God)

What city is the church in?

San Juan de Flores

What is the pastor's name?

Angel

Does the child have a favorite Bible story or verse?

She doesn't know any.

Medical Information:

Does a doctor examine the child regularly?

Yes

Does the child have any physical or mental handicaps? (If yes, please explain.)

She suffers from asthma

What is the child's height?

3'2

weight?

30 lbs.

Placement Information:

Where is the child now living?

- ☐ Orphanage
- ☐ Christian Home
- ☒ **With their own family**
- ☐ Other (please explain)

Financial Accountability:

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

Yes

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor?

Yes

Who?

Her mom.

Orphanage Information:

(Complete these questions only if the child has been placed in an orphanage.)

Where is the orphanage located?

What is the name of the adult who is responsible for the orphanage?

Christian Home Information:

(Complete these questions only if the child has been placed in the home of a Christian family.)

What is the name of this family?

Where does this family live?

Of what materials is their house made?

How many rooms does it have?

What is the occupation of the father?

Are the husband and wife both Christians?

Are they church members in good standing?

Summary:

If you would like to give us any information other than what was asked, please do so here.

This application was translated by: **Nolin Vargas**

Date (d/m/y): **September 7, 2005**

This application was approved by (pastor): **Flavio Varela**

Date (d/m/y): **July 22, 2005**

This application was approved by (director): **Flavio Varela**

Date (d/m/y): **July 22, 2005**

Application for Sponsorship

Touch a Life

A child sponsorship ministry of the Final Frontiers Foundation, Inc.

I.D. _____

Personal Information on the child:

Información Personal del Niño

Name: Yensi Fabiola Andino Rosales
Nombre _____

Name child is called by if different: no tiene
Otro Nombre o Apodo _____

Birthday (dimty): 27 de Diciembre 2001
Cumpleaños _____

Nationality: Hondureña
Nacionalidad _____

Country: Honduras
País _____

Town: San Juan de Flores (Las Laureles)
Pueblo _____

What is the child's current status?

Condición del Niño

- ☐ Orphan (Huérfano)
- ☐ Abandoned (Abandonado)
- ☒ Destitute (Pobre viviendo con su familia)
- ☐ Other (si es otro entonces explique)

TRADUCIDO

110095F

Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)

Por favor Escribe una pequeña historia de como el niño llego a ser orfano o Pobre o abandonado. Use muchos detalles si es posible. Si es mucho, Úsese otro papel.

Siempre a sido pobres.
porque su papa no gana lo suficiente
Sacando arena del rio.

Family Information:

Información de la Familia

Does the child have any natural brothers or sisters?

(If the answer is yes, please list their names and current ages.)

Si el Niño tiene hermanos, escribe sus nombres y edades

Name: <u>Cristian David Rosales</u>	Age: <u>5</u>
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____
Name: _____	Age: _____
Nombre: _____	Edad: _____

What is the child's eye color?

Color de Ojos del Niño

cafe oscuro

What is the child's hair color?

Color de Pelo del Niño

cafe

What language(s) does the child speak?

Que Idioma Habla el Niño

español

What are the typical foods eaten by the child?

Que Tipo de Comida come el Niño

Frijoles, Arroz, queso, huevos.

What is the child's favorite color?

El color favorito del Niño

Rojo

Has the child ever gone to school?

Si el Niño has asistido la escuela *esta muy chiquita (3 años)*

What is the last grade completed?

Cual fue el ultimo grado completado

Is the child currently attending school? If not, why not.

Si no va a la escuela entonces porque

If the child has toys, what does he like the most?

Que juguetes tiene el Niño

Muñecas viejas.

What toys does the child have?

Que Juguetes le gustaria tener

una muñeca y bicicleta

What is the father's name?

Nombre del Padre

Jose ^{NAHUN} Andino

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Saca arena 300.00 a la semana

What is the mother's name?

Nombre de su madre

Evelin Rosales Flores

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

ama de casa, trabaja de limpiadora gana 100.00 pesos

Describe the specific living conditions of the child in detail. List the child's material possessions.

Detalle las condiciones en como vive el niño con detalles incluyendo su casa

Estan arrendando.

solo tiene un cuarto, solo tiene una muñeca y poquita ropa.

Describe the condition of the house and living area. (please include photographs)
Detalle la condición de su casa incluyendo como duerme y sus muebles

la niña tiene su propia cama,
las paredes son de adobe. solo tiene 4 banquetas y
2 sillas plásticas, tiene 3 camas y no tiene cocina.
~~solo~~ tiene servicio lavable (Taza)

Spiritual Information:

Información Espiritual

Has the child accepted Christ as their personal Savior? no
Ha aceptado a Cristo el niño

Does the child attend Sunday School regularly? If not, why not?
Si el Niño va a la escuela dominical y si no porque

en casa porque esta muy chiquita

What is the name of the church? vida nueva (asamblea de Dios)
Nombre de la Iglesia

What city is the church in? San Juan de Flores
En que pueblo esta la Iglesia

What is the pastor's name? Angel
Nombre del Pastor

Does the child have a favorite Bible story or verse?
Cual es el Versículo favorito del niño

no se sabe ninguno

Medical information:

Información Médica

Does a doctor examine the child regularly? Si

Si el Niño es examinado regularmente por un doctor

Does the child have any physical or mental handicaps? (If yes, please explain.)

Si el Niño tiene algún problema de salud o mental (Si tiene, Explique)

~~no~~ padecer del pecho
asma.

What is the child's height? 3 pies 2 pulgadas weight? 30

Cuanto Mide el Niño

Peso

Placement information:

Información General

Where is the child now living? (Con quien vive el Niño en este momento)

- ☐ Orphanage (órfenato)
- ☐ Christian Home (con una familia Cristiana)
- ☒ With their own family (con su familia)
- ☐ Other (please explain) (Otro)

Financial Accountability:

Requisitos de Ayuda

Will the child be willing to acknowledge (when asked in person or in writing) that they receive financial support from Final Frontiers Foundation / Touch a Life?

El Niño promete cuando es preguntado decir que sus ayudas vienen de el programa Touch a Life

Si Si o NO

Will an adult be appointed to help the child to complete the letters, which will be given to the sponsor? Si

Si el Niño va necesitar ayuda de un adulto para escribir sus cartas

Who? Evelin Rosales (Mama)

Quien

Summary:
Información Final

If you would like to give us any information other than what was asked, please do so here.

Si hay algo que no preguntamos y es importante que sepamos del Niño, escríbelo aquí

N/A

This application was translated by: _____
Firma del Traductor

Date (d/m/y): _____
Fecha

This application was approved by (pastor): *[Signature]*
Firma del Pastor que lo aprueba

Date (d/m/y): *July 11, 2005*
Fecha

This application was approved by (director): _____
Firma del Director del programa

Date (d/m/y): _____
Fecha