

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Lester Leonel Reyes Diaz

Name child is called by if different:

Tete

Birthday (d/m/y):

August 2, 1994

Nationality:

Honduran

Country:

Honduras

Town:

San Juan de Flores (Golfo por cementerio)

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.)

The father is poor.

Family Information:

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

Name:
Melvin Ruben Reyes Diaz

Age:
9 years old

Name:
Linsi Diana Reyes Diaz

Age:
7 years old

Name:
Norman Roberto Reyes Diaz
Name:

Age:
5 years old
Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

What is the child's eye color?

Black

What is the child's hair color?

Black

What language(s) does the child speak?

Spanish

What are the typical foods eaten by the child?

Rice and beans, and cheese

What is the child's favorite color?

Red

Has the child ever gone to school?

No

What is the last grade completed?

No

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

He has mental handicap

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

He doesn't have toys

What toys does the child wish to have?

A horse, a football, and a car

What is the father's name?

Melvin Ruben Reyes

What is the father's occupation and weekly salary?

He is agricultural worker, he earns L. 360 every week. (\$18)

What is the mother's name?

Karen Marisela Diaz

What is the mother's occupation and weekly salary?

Housewife

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

He is sick most of the time and he is hyperactive. All of his clothes are old and he has only one pair of shoes. He lives in a house made of adobe. He sleeps in a single bed with his mother.

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

The house is made of adobe with a clay tile roof and the floor is of mud. The house has one bedroom, one living room and a kitchen. The house is 24x12 ft. They don't have electrical light or drinking water. They use firewood. They have wooden furniture, two wood tables and a plastic dish.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

No

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

Yes

What is the name of the church?

Iglesia Pentecostes Libre de Dios

What city is the church in?

San Juan de Flores F.M.

What is the pastor's name?

Diluvina Vanegas

Does the child have a favorite Bible story or verse?

No

Medical Information:

Does a doctor examine the child regularly?

Yes

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

He is epileptic and mentally handicapped. He demonstrates it in his physical appearance.

What is the child's height?

4 ft. and 2 inches

weight?

45 pounds

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?

Karen Marisella Diaz (mother)

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.

He needs medical attention and medicines for his epilepsy.

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

Date (d/m/y): **September 8, 2005**

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

Date (d/m/y): **July 18, 2005**

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

Date (d/m/y): **July 18, 2005**

TRADUCIDO

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: Lester Leonel Reyes Diaz
Nombre

Name child is called by if different: tete
Otro Nombre o Apodo

Birthday (d/m/y): 22 de Agosto de 1994
Cumpleaños

Nationality: Hondureño
Nacionalidad

Country: Honduras
País

Town: San Juan de Flores (Calle por acordarse)
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)

MVC 135 F

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, Utilice otro papel.

los padres son pobres.

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:	Melvin Ruben Reyes Diaz	Age:	9
Nombre:		Edad:	
Name:	Linda Diana Reyes Diaz	Age:	7
Nombre:		Edad:	
Name:	Veronica Roberto Reyes Diaz	Age:	5
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

Negro

What is the child's hair color?

Color de Pelo del Niño

Negro

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

Queso, Arroz y Frijoles

What is the child's favorite color?

El color favorito del Niño

Rojo

Has the child ever gone to school?

^{NO}
Si el Niño has estado la escuela

What is the last grade completed?

Cual fue el ultimo grado completado

^{NO}
Is the child currently attending school? If not, why not.

Si no va a la escuela entonces porque

tiene problemas visuales

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

Que juguetes tiene el Niño

NO. tiene

What toys does the child have?

Que Juguetes le gustaria tener

un caballo, pelota, carro

What is the father's name?

Nombre del Padre

Arturo Ruben Reyes

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

Agricultura Gana 360 Lempiras a la semana

What is the mother's name?

Nombre de su madre

Karen Marizole Diaz

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Año de casa

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

Vive en Ferrio, es un sector rural, Ropa vieja,
tiene 1 par de zapatos y vive en una diadema.
Duerme en una cama plegable con su mamá

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 casa es de adobe, techo de teja, el suelo es de
terrazo, tiene 2 cuartos, una sala, una cocina y
baño. Mide 24x12 pies, interior. Luz elect. y
agua potable, Fogón a gas. Muebles de Moderno
y Mesa de Moderno. traste de plástico.

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

Si

What is the name of the church? Iglesia pentecostal Lucheros

Nombre de la Iglesia

What city is the church in? San Juan de Flores E.M.

En que pueblo está la Iglesia

What is the pastor's name? D. L. V. Vasquez

Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versículo favorito del niño

Ninguno

Medical Information:

Información Médico

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 algun problema de salud o mental (Si tiene, Explique)

Epilepsia y Retraso mental en
su característico físico lo indica

What is the child's height? 4 years old

Cuento Mide el Niño

weight? 45 Libras

Peso

Placement Information:

Información General

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

- ☐ Orphanage (orfanato)
☒ 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 NOWill 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? Karen Anisella Diaz (mami)

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

Necesita Atención Médica, Medicinas para
su enfermedad de epilepsia.

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