

Application for Sponsorship

Touch a Life

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

I.D. _____

Personal Information on the child:

Name:

Daniel Alejandro Najera Rodriguez

Name child is called by if different:

Birthday (d/m/y):

October 23, 2001

Nationality:

Honduran

Country:

Honduras

Town:

San Juan de Flores (lomas, por campo)

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.)

He has been poor since childhood.

Family Information:

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

Name:	Age:
Alma Tairis Najera Rodriguez	19 months old

Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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Name:	Age:
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What is the child's eye color?

Dark brown

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?

Potatoes and eggs

What is the child's favorite color?

Red

Has the child ever gone to school?

No, he is only three years old

What is the last grade completed?

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

No, he is only three years old.

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

He doesn't have any toys.

What toys does the child wish to have?

Cars and robots

What is the father's name?

Junior Roberto Najera

What is the father's occupation and weekly salary?

He is an agriculturist (farm hand) and he earns lps. 150 every week (\$7.50)

What is the mother's name?

Ivon Melisa Rodriguez

What is the mother's occupation and weekly salary?

House wife

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

He has only a few cloths, the house walls are made from adobe, and the floor is made of mud and cement. Daniel sleeps in his own bed with a mattress.

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

The house is medium-sized, with two rooms and two beds. It has four plastic chairs and no other furniture. They don't have electrical light so they use candles. They have no drinking water.

Spiritual Information:

Has the child accepted Christ as their personal Savior?

No

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

No, he is too small.

What is the name of the church?

N/A

What city is the church in?

N/A

What is the pastor's name?

N/A

Does the child have a favorite Bible story or verse?

N/A

Medical Information:

Does a doctor examine the child regularly?

Yes

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

He has chest problems.

What is the child's height?

weight?

Three ft. and two inches

30 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?

The 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.

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: Daniel Alejandro Najera Rodriguez
Nombre

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

Birthday (d/m/y): 23 de Octubre 2001
Cumpleaños

Nationality: Hondureño
Nacionalidad

Country: Honduras
País

Town: San Juan de Nono (domo, por campo)
Pueblo

What is the child's current status?

Condición del Niño

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

MV C152 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.

desde su niñez a sido pobre.

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>Alma Lains Najera Rodriguez</u>	Age: <u>19 years</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

castaño oscuro

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

papas y huevos

What is the child's favorite color?

El color favorito del Niño

Rojo

Has the child ever gone to school? *Go lo tiene 5 años,*

Si el Niño has asistido la escuela *Solo tiene 5 años*

What is the last grade completed?

What has the child's grade completed?

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

no tiene

What toys does the child have?

Que juguetes le gustaria tener *carros y robots.*

no mallas y peluche

What is the father's name?

Nombre del Padre

Junior Roberto Najera

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto gana

agricultor, \$ 150.00 a la semana

What is the mother's name?

Nombre de su madre

Ivon Melisa Rodriguez

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

ama 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

tiene pocas ropa, las paredes de la casa son de adobe, el piso es de cemento y de tierra.

Daniel duerme en su propia cunita con colchon

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

la casa es de tamaño mediano,
tiene 2 cuartos,
tiene 2 camas,
tiene 4 sillas plásticas, no tiene ~~ni~~ ningun mueble
no tiene luz, se alumbra con candela,
llega poca agua.

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

no, esta muy pequeña

What is the name of the church? N/A

Nombre de la Iglesia

What city is the church in? U.S.

En que pueblo esta la Iglesia

What is the pastor's name? U.S.

Nombre del Pastor

Does the child have a favorite Bible story or verse?

Cual es el Versiculo favorito del niño

N/A

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

padecere del pechoWhat is the child's height? 3 pies 2 plg

Cuanto Mide el Niño

weight? 30

Pesa

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:

Responsabilidades 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? la 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

This application was translated by: _____
Firma del Traductor

Date (d/m/y): _____
Fecha

This application was approved by (pastor): *Alfonso M. Hughes*
Firma del Pastor que lo aprobó

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

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

Date (d/m/y): _____
Fecha