

**Application for Sponsorship**

# **Touch a Life**

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

I.D. \_\_\_\_\_

**Personal Information on the child:**

Name:

**David Antonio Lozano Rodriguez**

Name child is called by if different:

**Pirringo**

Birthday (d/m/y):

**27/ October/2002**

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.)

**His family has always been 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: Age: **9**  
**Darwin Martin Reyes Rodriguez.**

Name: Age: **4**  
**Brenda Nicole Pineda Rodriguez**

Name: Age: **1**  
**Alan Eulalio Rodriguez**

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

What is the child's eye color?

**brown**

What is the child's hair color?

**Blonde**

What language(s) does the child speak?

**Spanish**

What are the typical foods eaten by the child?

**Rice, pasta, beans**

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 is not old enough yet.**

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

**He has none.**

What toys does the child wish to have?

**Cars, planes, stuffed animals**

What is the father's name?

**Diego Pineda**

What is the father's occupation and weekly salary?

**His father abandoned them and does not provide for the family at all.**

What is the mother's name?

**Reina Margarita Martinez Rodriguez**

What is the mother's occupation and weekly salary?

**Agriculture. She makes L. 360 a week. (\$18)**

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

**Has no other clothes or shoes. He suffers from bad nutrition. He is 3 years old and can't talk.**

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

**They live in a wood and adobe house with a tile ceiling and dirt floor. There are 2 bedrooms with 3 wooden beds. They have plastic chairs. They have no electricity or running water or kitchen or bathroom. They use candles for light and bring water from the river to bathe, clean and drink. The mother cooks outside on an adobe mud stove that is fueled by sticks. It is his grandparents house.**

#### **Spiritual Information:**

Has the child accepted Christ as their personal Savior?

**No**

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

**No, but when enrolled in the program his mother will bring him each Sunday and he will hear Bible stories each day as he eats.**

What is the name of the church?

**Grace Baptist Church**

What city is the church in?

**Cantaranas**

Does the child have a favorite Bible story or verse?

**No**

**Medical Information:**

Does a doctor examine the child regularly?

**No**

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

**He suffers from asthma. This is probably elevated due to the fact that to stay warm they have to light a fire on rocks, on the floor of the house which fills the house with smoke.**

What is the child's height?

weight?

**2'8**

**26 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?

**Esperanza Peña**

**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 11, 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**

Application for Sponsorship

# Touch a Life

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

LD. \_\_\_\_\_

**Personal Information on the child:**

Información Personal del Niño

Name: David Adolfo Lázaro Rodríguez  
Nombre

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

Birthday (d/m/y): 22 de octubre del 2002  
Cumpleaños

Nationality: Hondureño  
Nacionalidad

Country: Honduras  
País

Town: San Juan de Flores F.M., (Parral los Hornos)  
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**

MVC 028F ✓



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.

Siempre 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>Dacilia Maria Reyes Rodriguez</u>	Age:	<u>9</u>
Nombre:		Edad:	
Name:	<u>Brenda Nicole Pineda Rodriguez</u>	Age:	<u>4</u>
Nombre:		Edad:	
Name:	<u>Alasculia Rodriguez</u>	Age:	<u>4</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:	

What is the child's eye color?

Color de Ojos del Niño

Cafe

What is the child's hair color?

Color de Pelo del Niño

Amarillo

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

Arroz, Espagueti, Frijoles

What is the child's favorite color?

El color favorito del Niño

Rosado

Has the child ever gone to school?

NO

Si el Niño has asistido 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

no tiene la edad

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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

Carro, Aviones, Peluches

What is the father's name?

Nombre del Padre

No tiene.

What is the father's occupation and weekly salary?

En que trabaja el Padre y cuanto Gana

No tiene

What is the mother's name?

Nombre de su madre

Rayna Margita Martínez Rodríguez

What is the mother's occupation and weekly salary?

Trabajo de su madre y cuanto gana

Agricultura Gana \$360 a la semana.

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

Viven en una condicion muy pobre  
No tiene zapatos no tiene Ropa  
esta desnutrido tiene seños y no habla

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

es de madera y adobe, techo de teja  
Suelo de tierra, hay 2 cuartos, hay 3 camas  
de madera de catre. y tiene sillas de plásticas  
Pero ella vive con la mamá y ella no tiene nada.

**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 lo mandan.

What is the name of the church? Ninguna.  
Nombre de la Iglesia

What city is the church in? Ninguna.  
En que pueblo está la Iglesia

What is the pastor's name? Ninguna.  
Nombre del Pastor

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

Ninguna.

**Medical Information:**

Información Médico

Does a doctor examine the child regularly? No

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)

tiene Asma.What is the child's height? 2 P. 3.5 kg

Cuanto Mide el Niño

weight? 26 lbs

Peso

**Placement Information:**

Información General

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

- ☐ Orphanage (órfanato)  
☐ 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? Esperanza Peña (madre)

Quién