## **Touch A Life Child Application**

#### **Personal Information on the child:**

Name of Child AFOYORWOTH DIVINE

Gender Female (femenino)

**Date of birth** Friday, April 6, 2012

Nationality: UGANDAN

**Country** Uganda

**Town** NEBBI

What is the child's current status?

Orphan (Huerfano)

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.)

There was tribble conflict between Balendu and Alur Juganda in the place called Jaluciga and one day they attack them at night killing many people and due to this conflict both of there parents where killed and they scattered away from the place then where staying anywhere and the pastor came across her and picked her.

## **Family Information:**

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

Name (Nombre)

NO

What is the child's eye color?

BLACK

What is the child's hair color?

BLACK

What language(s) does the child speak?

ALUR LANGUAGE (MOTHER TONGUE)

What are the typical foods eaten by

the child?

CASSAVA AND BEANS

What is the child's favorite color? RED

Has the child ever gone to school?

No

Is the child currently attending school?

No

Why is the child not currently

attending school?

NO SCHOOL FEES

If the child has toys, what does he like DOLL

the most?

What toys does the child wish to

have?

**DOLL** 

What is the father's name? **OROMGIU SEBAN** 

What is the father's occupation and

weekly salary?

PEASANTS FARMER

What is the mother's name? AFOYORWOTH PASKA

What is the mother's occupation and

weekly salary?

PEASANT FARMER

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

The condition where the child is living in is very bad due to the poor background of the family.

Describe the condition of the house and living area.

Grass thatched house and is linking due to rainy season.

# **Spiritual Information:**

Has the child accepted Christ as their personal Savior?

Yes

Does the child attend Sunday School regularly?

Yes

What is the name of the church?

MAHAGI D.R.C GREATER GRACE

What city is the church in?

KINSHASA

What is the pastor's name?

PR. BEDIRWOTH

Does the child have a favorite Bible story or verse?

PSALM. 1:1-3

#### **Medical Information**

Does a doctor examine the child regularly?

No

Does the child have any physical or mental handicaps?

No

What is the child's height?

Please enter a number

133

cm

What is the child's weight?

Please enter a number

28

kgs

Where is the child now living?

Orphanage (orfanato)

## **Orphanage Information**

Where is the orphanage located?

**NEBBI** 

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

PR.OSAGA ROBERT

# **Christian Home Information**

# **Summary**

**Date Application Completed** Friday, June 9, 2023

**Application completed by** PR. OSAGA ROBERT

Signature of person completing application

**Application approved by (Director)** PR. OSAGA ROBERT