



## Host Family Background Check Form

**(Use only if the host family has access to email and wants to input their own social security numbers)**

The information obtained is for internal use only and will be kept confidential to protect personal information. Federal regulations require The Zource to retain all records for three years after completion of the student program. After three years, all background check information will be shredded to assure confidentiality.

Council on Standards for International Educational Travel (CSIET) sets standards for families hosting foreign exchange students to undergo a background check. All family members in the home who are 18 years of age or older must be checked. We ask for your cooperation by completing this form and returning it to The Zource headquarters by mail, fax, or to your Zource representative.

The Zource has now implemented a background check process so that each individual can input their information directly into the system. In order to complete this I need each individual's, over 18 years old and in the home, email address so that a personal link can be sent to them. If an individual does not have an email address or does not want to input their personal information directly then they will need to complete the regular background check form.

**Please Print Clearly. Each email address must be unique to that individual.**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### Host Parent

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Host Parent

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Other Family Member (over age 18)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Other Family Member (over age 18)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

The information obtained on this form is for internal use only and will be kept confidential to protect personal information.

Please return to: *The Zource, Aumomaleahh Omar- Livingstone, 2028 S. Hwy 53 Suite 3323 LaGrange, KY 40031, Fax confidentially to 502-222-1991, to the Local Representative or Email [thezourceoffice@gmail.com](mailto:thezourceoffice@gmail.com)*