FAVORED CHRISTIAN MINISTRIES INTERNATIONAL - KENYA

Favored To Serve | Called to Transform.

ORPHANS APPLICATION FORM

Please complete this form truthfully. All information provided will be treated with the utmost confidentiality.

1. CHILD INFORMATION

Full Name of Child: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Age: _____

Place of Birth: _____ Nationality: _____

Home County: _____ Sub-County: _____ Village/Town: _____

2. ORPHAN STATUS

Is the child single or double orphan? ☐ Single Orphan ☐ Double Orphan

Date(s) of Death: Father: _____ Mother: _____

Who is the child currently living with? _____

3. GUARDIAN / CAREGIVER INFORMATION

Full Name of Guardian/Caregiver: _____

Relationship to Child: _____

Phone Number: _____ Occupation: _____

Monthly Income (KSh): _____

4. FAMILY BACKGROUND

Total Number of Children in the Family: _____ Their Ages: _____

Any other dependents in the home? ☐ Yes ☐ No If Yes, how many? _____

Brief description of the family's situation:

_____

_____

5. NEEDS ASSESSMENT (Please tick ✓ all that apply)

☐ FCMI Sponsored Computer Program ☐ School Fees ☐ School Uniform ☐ Books & Stationery ☐ Food / Nutrition ☐ Clothing

☐ Counselling / Mentorship ☐ Other (specify): _____

6. DECLARATION

I certify that the information provided above is true and correct to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

REQUIRED DOCUMENTS (Please attach clear copies)

- ☑ Child's Birth Certificate
- ☑ Death Certificate(s) for Deceased Parent(s)
- ☑ Guardian/Caregiver National ID Copy
- ☑ Proof of Residence (e.g., utility bill, chief's letter)
- ☑ Recent Passport Photo of the Child
- ☑ Any other relevant documents (if available)

FOR OFFICIAL USE ONLY

Application Received By: _____ Date Received: _____ Application No.: _____

Assessment Outcome: ☐ Approved ☐ Not Approved ☐ Pending Date: _____

Remarks: _____

Authorized By: _____ Signature: _____ Date: _____

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