



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 | ☒ Guardian/Caregiver National ID Copy | ☒ Recent Passport Photo of the Child |
| ☒ Death Certificate(s) for Deceased Parent(s) | ☒ Proof of Residence (e.g., utility bill, chief's letter) | ☒ 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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