

# Touch A Life Child Application

## Personal Information on the child:

Name of Child	MICPARWOTH BLESSING
Gender	Female (femenino)
Date of birth	Saturday, January 14, 2017
Nationality:	D.R.C
Country	Congo
Town	MAHAGI
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 a terrible war in Congo between Balendu tribe and Alur Juganda living both parents and other children dead but this child survived because the child was staying with relatives away from home this is the way the became orphan.

## 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?**

LACK OF SCHOOL FEES

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

BABY TOY

**What toys does the child wish to have?**

BABY TOY

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

OVOYA COLLINS

**What is the father's occupation and weekly salary?**

WAS APEASANTS FARMER

**What is the mother's name?**

APIO MOURIN

**What is the mother's occupation and weekly salary?**

WAS APEASANT FARMER

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

Is some how, child materials possessions is very poor.

**Describe the condition of the house and living area.**

Is not good.

**Photograph of the house/orphanage**



**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?**

ERUSSI GREATER GRACE CHURCH

**What city is the church in?**

ARUA CITY

**What is the pastor's name?**

PR. OSAGA ROBERT

**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**

95

cm

**What is the child's weight?**

**Please enter a number**

15

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