

APPLICATIONS WILL NOT BE TAKEN AFTER NOVEMBER 16th
Catholic Charities Adopt-A-Family 2018

Today's Date: _____

Name of Applicant: _____ DOB: _____

Phone #: _____ Alt #: _____

Address: _____

City: _____ State: _____ ZIP: _____

CHILD'S NAME * 18 or Younger*****

AGE GENDER SIZE (Pants & Tops) INTERESTS & LIKES:

*****PLEASE PROVIDE PROOF OF EVERY HOUSEHOLD MEMBER*****

**** Photo ID Required at the Time of Pick Up ****

For Office Use Only:

Previously Rec'd ***Confirmed?*** _____

Contact for Adopted/Waitlisted: _____ Date: _____

Method: _____ Initials: _____

Called for Pickup: Date: _____ Method: _____ Initials: _____

Date: _____ Method: _____ Initials: _____

Date: _____ Method: _____ Initials: _____

Pickup On: Date: _____ Confirm ID at Pick Up: _____ Initials: _____

X _____ Date: _____

Signature (Upon Pickup)



ADOPT-A-FAMILY 2018

PLEASE SIGN THIS DOCUMENT,
UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

Dear Neighbor,

Please understand that due to the number of applications received for Adopt-A-Family each year, if you applied and received assistance in previous years, you will be placed on a waiting list this year. We can not guarantee that all families will receive assistance. You will be notified if we are able to fill your request.

If your family is approved for assistance, Catholic Charities can not guarantee how much is provided for each family if adopted. This is up to those adopting the family which will kept completely anonymous.

By signing this application, you acknowledge that all information provided is true to the best of your knowledge and that you understand that turning in this application does not guarantee that your application for assistance will be approved.

Name: _____
(Please Print)

Signature: _____ Date: _____

TOTAL Monthly Income: _____ \$ _____
Circle All That Apply: SSI SSD SS Unemployment \$ _____

Do you receive Food Stamps? YES NO Do you need help applying? YES NO
Have you ever served in the military? YES NO
Do you have health insurance? YES NO Do you need help applying? YES NO

Please check the Catholic Charities services you receive:

WIC NOEP PARENT AIDE
HEALTHY FAMILIES Other: _____

Did you received Adopt-A-Family from us last year? YES NO
Have you received Adopt-A-Family from us in previous years? YES NO

This form MUST be signed by a staff member of the program from which you receive services.

Catholic Charities' Program Staff Signature: _____ **Date:** _____