

CANAL WINCHESTER ADOPT A FAMILY PROGRAM

To receive holiday assistance through the Canal Winchester, Adopt-A-Family Program, the following must be completed and returned **with the Wish List information.**

Parent(s)/Guardian(s) Name: _____

Address: _____ **Phone:** _____

Email Address (Please write clearly): _____

List active military or a veteran living in the home: _____

List School District _____ **Email:** _____

ADOPT A FAMILY IS AN ASSISTANCE PROGRAM FOR THOSE WHO ARE IN FINANCIAL NEED. IT IS NOT INTENDED TO BE A HABITUAL FORM OF SUPPORT. IF YOU HAVE PREVIOUSLY RECEIVED AAF ASSISTANCE THREE OR MORE TIMES, YOU MUST ALSO INCLUDE FINANCIAL INFORMATION THAT SUPPORTS YOUR NEED FOR CONTINUED HOLIDAY ASSISTANCE.

CHILDREN MUST LIVE WITH THE APPLICANT AND MUST ATTEND CANAL WINCHESTER OR BLOOM CARROLL SCHOOLS, AND NOT BE SERVED BY ANOTHER ORGANIZATION. SCHOOL AGED CHILDREN MUST INCLUDE THEIR CLASSROOM OR HOME ROOM TEACHER'S NAME FOR VERIFICATION.

THE APPLICATION MUST BE RECEIVED BY HUMAN SERVICES, 80 COVENANT WAY, NO LATER THAN THANKSGIVING TO ASSURE PARTICIPATION

ALL CHILDRENS' ENROLLMENT IN CANAL WINCHESTER OR BLOOM CARROLL SCHOOLS WILL BE VERIFIED. IF A TEACHER'S NAME IS NOT PROVIDED, THE CHILD WILL NOT BE ACCEPTED INTO THE PROGRAM.

YOUR SIGNATURE INDICATES THAT YOU ARE NOT RECEIVING HOLIDAY ASSISTANCE FROM ANOTHER CHARITABLE SOURCE.

PARENT OR LEGAL GUARDIAN

DATE

Names of Parents in Household: _____ Number of Children: _____

**RETURN TO:
CW HUMAN SERVICES, 80 COVENANT WAY, CANAL WINCHESTER, OH 43110
MUST BE RECEIVED OR POSTMARKED NO LATER THAN THANKSGIVING**

YOU WILL BE NOTIFIED BY DECEMBER 9 WITH DISTRIBUTION INFORMATION IF YOUR APPLICATION IS ACCEPTED

CW HUMAN SERVICES ADOPT-A-FAMILY WISH LIST

Child 1: _____ Age: _____ Gender: _____ Race: _____

School: _____ Homeroom Teacher: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 2: _____ Age: _____ Gender: _____ Race: _____

School: _____ Homeroom Teacher: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 3: _____ Age: _____ Gender: _____ Race: _____

School: _____ Homeroom Teacher: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 4: _____ Age: _____ Gender: _____ Race: _____

School: _____ Homeroom Teacher: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

*****APPLICATIONS MUST INCLUDE TEACHER NAME FOR VERIFICATION*****

Parent Signature _____ Date _____

**YOU WILL BE NOTIFIED BY DECEMBER 9 WITH DISTRIBUTION
INFORMATION IF YOUR APPLICATION IS ACCEPTED**