CANAL WINCHESTER ADOPT A FAMILY PROGRAM 2025

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

**Please write NEATLY

| rent(s)/Guardian(s) Name: |
|---|
| ddress: Phone: |
| ounty: |
| nail Address: (MUST BE LEGIBLE) |
| hool District: |
| he Adopt-A-Family Program exists to support families in our community who are experiencing tuational financial hardship and could use a little extra help this holiday season. We understand at circumstances can change, and sometimes families just need a hand up. |
| his program is designed to provide short-term holiday support. It is not intended to serve as a stainable or ongoing program for Christmas assistance each year. Canal Winchester Human ervices also reserves the right to request financial documentation to ensure the program can erve as many families as possible. |
| ease complete this application and return it with your family's Wish List. All information is onfidential and used only to help us match your family with an adopter. |
| *Children must live in the same household as the applicant and must live within the Canal Winchester o oom Carroll School District. Children MUST ALSO ATTEND Canal Winchester or Bloom Carroll Schools. |
| THE APPLICATION MUST BE RECEIVED BY HUMAN SERVICES, 80 COVENANT WAY, NO LATER THAN NOVEMBER 19 th TO ENSURE PARTICIPATION |
| YOUR SIGNATURE INDICATES THAT YOU ARE NOT RECEIVING HOLIDAY ASSISTANCE FROM ANOTHER CHARITABLE SOURCE AS WELL. IT ALSO ITDICATES YOU HAVE READ AND UNDERSTAND THE GUIDELINES AND WILL ABIDE BY THEM. |
| ARENT SIGNATURE DATE |
| umber of Children ON APPLICATION: |

RETURN TO:

CW HUMAN SERVICES, 80 COVENANT WAY, CANAL WINCHESTER, OH 43110 or email aletha.mullins@cwhumanservices.org

**Please specify if sizes are adult or youth **Please specify if shoe sizes are kids or Adult

CW HUMAN SERVICES ADOPT-A-FAMILY WISH LIST

| Child 1: | | Gender: | Age: | Race: |
|----------------|--------------------|--------------|--------------|----------------|
| Grade: | School: | | | |
| Shirt Size: | Pants Size: | Pajama Size: | Shoe Size: | Underwear Size |
| Christmas Wish | nes and Interests: | | | |
| Child 2: | | Gender: | Age: | Race: |
| Grade: | School: | | | |
| Shirt Size: | Pants Size: | Pajama Size: | Shoe Size: _ | Underwear Size |
| Christmas Wish | nes and Interests: | | | |
| Child 3: | | Gender: | Age: | Race: |
| Grade: | School: | | | |
| Shirt Size: | Pants Size: | Pajama Size: | Shoe Size: _ | Underwear Size |
| Christmas Wish | nes and Interests: | | | |
| Child 4: | | Gender: | Age: | Race: |
| Grade: | School: | | | |
| Shirt Size: | Pants Size: | Pajama Size: | Shoe Size: _ | Underwear Size |
| Christmas Wish | nes and Interests: | | | |

KEEP FOR YOUR RECORDS

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It is not designed to provide ongoing or sustainable Christmas assistance year after year. Canal Winchester Human Services reserves the right to request financial documentation to verify need and ensure the program serves as many families as possible.

Important Guidelines

- 1. Fill out all sections clearly and completely.
- 2. Children must be school-aged, living in and attending Canal Winchester or Bloom Carroll Schools.
- 3. Provide a variety of gift ideas (no phones, game systems, iPads).
- 4. Communication will be by email—please check your inbox and spam folder.
- 5. Confirmation emails will be sent on December 5th.
- 6. Gifts must be picked up on your assigned date by the applicant only (no substitutes).
- 7. Failure to pick gifts up will make you ineligible for the following year.
- Our goal is to make the holidays brighter for local families in need. Thank you for allowing us to walk alongside you this season.