

# Adopt-A-Family Application

## MAKE EVERY MINUTE COUNT



4600 N. Pershing Ave, Suite B  
Stockton CA 95207

Gary Walden

m2m@makeeveryminutecount.org

## ■ Personal Data Information

Full Name :  

[illegible]

Gender : ☒ Male ☐ Female

Other:\_\_\_\_\_

Address Street :

Phone Number :  City :

Annual Income : 

## ■ Brief Letter of Individual/Family Need

- Please briefly describe how receiving assistance from **Make Every Minute Count** would positively impact your situation and the well-being of your family?

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## Agreement

By submitting this application, I certify that the information provided is true and accurate to the best of my knowledge. I understand that Make Every Minute Count® will use this information to assess my eligibility for assistance and may request additional documentation if necessary.

**Signature**

Date :