

Adopt-A-Family Family Information Form

2018 Holiday Adopter Program

Case Manager Name and Phone Number

Head of Household: (First name/last initial)_____ Date: _____



Family Composition: (First name/Last initial)

Name	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Situation: (To be completed by case manager)

Check One:

I am unable to meet the donor and will pick up my gifts at the AAF office.

I am willing to meet the donor at the AAF office. Contact with donor must be arranged through case manager.



Adopt-A-Family Suggested Gifts Form

2018 Holiday Adopter Program

Head of Household (First name/last initial)

Case Manager



Family Composition: (First name/last initial)

Name Gender Age Shoe Size Pants/Skirt Shirt/Blouse Dress

Gifts _____

Name Gender Age Shoe Size Pants/Skirt Shirt/Blouse Dress

Gifts _____

Name Gender Age Shoe Size Pants/Skirt Shirt/Blouse Dress

Gifts _____

Name Gender Age Shoe Size Pants/Skirt Shirt/Blouse Dress

Gifts _____

Special items needed:
