



ADOPT-A-FAMILY PROGRAM

APPLICATION INSTRUCTIONS

Step 1. Please complete the “Adopt-A-Family Release of Confidential Information.” An active case number (IHSS, CalWORKs, CalFresh or Medi-Cal) is mandatory to be considered.

Step 2. Complete Page 3 and 4 to complete a wish list for all members of your immediate family.

Step 3. Submit application. See submission methods below.

*General Relief recipients are not eligible for this program.
Leaving any field blank may render your application ineligible.*

When listing children and household members, they must all be associated with the same case number to qualify. If members listed on the application are not on the active case, they may not qualify for the program and your application may not be processed.

Choose items that are most needed by your family. **No item is guaranteed**, the final decision is left to the sponsors who donate. If you wish to add items that are not listed, use the space provided.

Please submit your application via the following methods:

Email: AdoptAFamily@dpss.lacounty.gov

Fax: (213) 743-9998

In-Person: Drop off at your local DPSS District Office.

Please note:

- It is imperative that all sections are completely and appropriately filled out. Failure to do so will cause your application to not be considered for potential sponsorship.
- Submitting an application does not guarantee selection for the Adopt-A-Family Program.
- If you have been previously selected for the Adopt-A-Family Program, you are not able to participate again.
- If your application is chosen for the program, you will be contacted by your sponsor to further discuss your family’s wish list.

Once you have successfully completed and submitted your application, it will be queued for processing. Application processing can take 1-2 weeks. If you have any questions or concerns, please feel free to reach out to us at AdoptAFamily@dpss.lacounty.gov



AUTHORIZATION

ADOPT-A-FAMILY RELEASE OF CONFIDENTIAL INFORMATION

Please complete the required fields below. (**required fields*)

* Primary Name: _____ * Date of Birth: _____

* Address/Apt.#: _____ City/Zip Code: _____

* Phone: _____ Alternate Phone: _____

Best time to contact: Morning Afternoon Evening * Case # : _____

Email Address: _____ Ethnicity: _____

Language Preferred: _____

Referral Guidelines and Assessment Tool

Priority is given to families that have experienced severe hardship in recent months, for example: homelessness, serious illness or disability, death in the immediate family, employed while attending school and raising a family, customer has two or more special-needs children, customer resides alone and does not have any support. Please explain in detail below: **This field is REQUIRED. Application may be denied if left blank.**

Total number of family members in DPSS case:

Children:	
Adults:	
Total (Children and Adults):	

PHOTO CONSENT AND RELEASE AUTHORIZATION

- * Do you consent to the non-profit use of you or your children's image for Adopt-A-Family promotional purposes? YES NO
- * I have NEVER been selected and sponsored through the Adopt-A-Family Program. I have an active IHSS, Medi-Cal, CalFresh or CalWORKs case.
- * By selecting this box I am agreeing to not request inappropriate items including items over \$150.00. I also agree to not harass sponsors or share sponsor information.
- * I acknowledge that sponsorship is not guaranteed and can be disqualified for inappropriate behavior.

This form is time-sensitive and valid only until December 24, 2021.

* **CUSTOMER SIGNATURE:** _____ **DATE:** _____



ADOPT-A-FAMILY WISH LIST

Select categories of the items most in need (*not guaranteed to receive these items*). Choose all items that are relevant to the interests, wants, and needs of you and your household. This will help your sponsor choose what to donate. Items with blanks will be considered as not applicable.

Delivery Address: _____ City: _____ Zip Code: _____

Primary Guardian Name:			
Gender:		Age:	
Pants/Skirt Size:		Shirt/Blouse Size:	
Shoe Size:		Favorite Color:	
Local Grocery/Retail Store:			
Baby Care	Household Items	Cleaning Items	
Wishes (Please specify hobbies, needs, or other interests not listed):			

Secondary Guardian Name:			
Gender:		Age:	
Pants/Skirt Size:		Shirt/Blouse Size:	
Shoe Size:		Favorite Color:	
Local Grocery/Retail Store:			
Baby Care	Household Items	Cleaning Items	
Wishes (Please specify hobbies, needs, or other interests not listed):			

Child Name:			
Gender:		Age:	
Pants/Skirt Size:		Shirt/Blouse Size:	
Shoe Size:		Favorite Color:	
School:	Backpack	Paper/Writing Supplies	
Select Interests:			
Basketball	Soccer	Football	
Dolls	Legos	Arts/Crafts	
Action Figures	Cars	Board Games/Puzzles	
Wishes (Please specify hobbies, needs, or other interests not listed):			

Child Name:			
Gender:		Age:	
Pants/Skirt Size:		Shirt/Blouse Size:	
Shoe Size:		Favorite Color:	
School:	Backpack	Paper/Writing Supplies	
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Basketball	Soccer	Football	
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