



Adopt-a-Family Program

Beyond Blindness Families,

We are excited to announce our 2023 Adopt-a-Family program. This program assists selected Beyond Blindness families in need by anonymously matching them with a donor who wishes to brighten the holidays of a local family. If you would like to be considered, please carefully read the requirements below:

To Qualify:

- Child/Children must be a current or former Beyond Blindness client.
- Demonstrated household need based on family size and income.
- Family must agree to write a thank you card to the program donor.

Application Deadline: October 31, 2023

Selection Process: Our staff will review all applications and notify families of their status on November 3, 2023. Please note that due to a limited number of program donors, not all applicants will be selected.

A Note to Families About Selecting Gifts on Your Application:

- The Adopt-a-Family questionnaire has a section to select gifts and necessities for each family member. An attempt will be made to satisfy each family's wish list, so **please be as specific as possible**.
- Donors are encouraged to prioritize family "needs" over family "wants."
- The purpose of the program is to provide each family member with a nice gift, but please be mindful about your selections. Do not request exceedingly expensive items such as game consoles, televisions, or large electronics.

Your Privacy is Important to Us: Personal information included on the application will not be shared with program donors.

How to Submit an Application: Complete the attached application and drop off at the front office or send via email to familysupport@beyondblindness.org - no later than October 31, 2023!

Thank you!

Checklist

- 1) Recipient Application
- 2) Wish List (for each family member)
- 3) Signed agreement to thank your holiday program donor



Program Recipient Application

The following 4 sections must be complete to be considered:

- I. General Information
- II. Household Size & Income
- III. Wish List
- IV. Gratitude Agreement

I. General Information:

Child Name: _____ Parent Name: _____

Address: _____

Phone Number: _____ Email: _____

Has your family been a previous recipient of the Beyond Blindness Adopt-a-Family program? If so what year? _____

II. Household Size & Income:

Total # of persons living in your household: _____

Full Name	Relationship	Age	Income Source	Gross Yearly Income

Total Household Gross Annual Income: \$ _____

III. Gratitude Agreement:

I understand that if my family is a selected recipient of the 2023 Adopt-a-Family program, I will demonstrate my gratitude to the holiday program donor by returning a thank you card.
(optional: family photo)

Signature of Parent/Legal Guardian

Date

IV. Wish List:

Please be as ***specific as possible***. Under needs, list any personal care items or necessities. Any additional items on your wish list can be placed under wants (ex: toys, games, tickets, etc.)

Family Wish List				
Example: Joseph	Age: 7			
Sizes: <input type="checkbox"/> Toddler <input checked="" type="checkbox"/> Youth <input type="checkbox"/> Adult	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unisex <input type="checkbox"/>			
Pants: 10/L Shirt: M Shoes: 8 Sweater: M				
Favorite: Color(s): Blue, Gray, Black Store(s): Game Stop, Target, Nike, AMC Hobby: Drawing, Video Games, Activities: Bike Riding, Swimming Movie/Show: The Avengers, Marvel I love/enjoy: Spiderman, Iron Man, Cars	Needs Black running shoes, school backpack, school clothes (jeans, shorts, vans shoes, t-shirts) pajamas, school supplies			
	Wants Helmet, Movie tickets, superhero action figures, drawing or painting art kit, legos, giant jenga, card games			
Name:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unisex <input type="checkbox"/>
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Pants: ____ Shirt: ____ Shoes: ____ Sweater: ____			
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____	Needs			
	Wants			
Name:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unisex <input type="checkbox"/>
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Pants: ____ Shirt: ____ Shoes: ____ Sweater: ____			
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____	Needs			
	Wants			
Name:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unisex <input type="checkbox"/>
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult	Pants: ____ Shirt: ____ Shoes: ____ Sweater: ____			
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____	Needs			
	Wants			

Name: _____		Age: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Unisex <input type="checkbox"/>		
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult			Pants: _____		Shirt: _____		Shoes: _____		Sweater: _____	
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____				Needs						
				Wants						

Name: _____		Age: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Unisex <input type="checkbox"/>		
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult			Pants: _____		Shirt: _____		Shoes: _____		Sweater: _____	
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____				Needs						
				Wants						

Name: _____		Age: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Unisex <input type="checkbox"/>		
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult			Pants: _____		Shirt: _____		Shoes: _____		Sweater: _____	
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____				Needs						
				Wants						

Name: _____		Age: _____		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Unisex <input type="checkbox"/>		
Sizes: <input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Adult			Pants: _____		Shirt: _____		Shoes: _____		Sweater: _____	
Favorite: Color(s): _____ Store(s): _____ Hobby: _____ Activities: _____ Movie/Show: _____ I love/enjoy: _____				Needs						
				Wants						