

Adopt-a-Family Program

Beyond Blindness Families,

We are excited to announce our 2025 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. Tax forms submission is required.
- California resident.
- Agreement to provide and submit all documents by the deadlines provided and pick up gifts during the designated period.

Application Deadline: November 7, 2025

Selection Process:

Applications will be reviewed for qualifications and families will be notified of their status. Due to a limited number of program donors, not all applicants will be selected.

How to Submit and Application:

Complete the attached application along with income verifying tax documents and drop off at the Family Support office or send via email to familysupport@beyondblindness.org. You can also access our digital application on our website. - Submissions must be received no later than November 7, 2025





Adopt-a-Family Recipient Application

I. Qualifying Questions

Do you receive services or h ☐ Yes ☐ No	ave received services fro	m Beyond Blir	ndness	
If yes, what services have yo ☐ Therapy (OT, PT, ST, EI) ☐ Vision (O&M, TVI, Vision ☐ Classroom (Infant, Toddle ☐ Counseling	Clinic)			
Are you a California residen¹ ☐ Yes ☐ No	1?			
II. General Information				
Child Name:				
Address:				
Phone Number:		Em	ail:	
III. Household Size & Inc Total # of persons living in you	ome		dopt-a-ramily program	? If so what year?
Full Name	Relationship	Age	Source Income	Gross Yearly Income
Total Household Gross Annual	Income: \$	I	*Please submit 2024 t	ax documents for income verification

IV. Recipient Agreement	
Gift Pick-Up is on Monday, December 15, 2025 between 1:00	om-5:00pm. Select what time range you plan to pick up your gifts.
☐ 1:00pm-3:00pm	
☐ 3:00pm-5:00pm	
I herby certify that, to the best of my knowledge, the information can prohibit my participation in the Adopt-a-Family program I agree to meet the deadlines and terms of the program by sudesignated times.	•
Signature of Parent/Legal Guardian	Date