



**Women's Outreach & Suicide Information & Education Services**

4101-54 Ave Red Deer Alberta T4N 7G3 Phone: 403-347-2480 or 403-342-4966, Fax 403-343-0302  
www.womensoutreach.ca

---

**STEPS TO APPLY FOR ADOPT A FAMILY 2021**

- Call the office at 403-347-2480 for screening
- Go to the website (if you are able to access the internet) download the application. If no internet access you can pick up a form by calling the office and arranging a time.
- Fill out the application and save it so it can be emailed
- Email the application along with the following
  - **Proof of income (tax return assessment or AISH, Income Support Card)**
  - **Health Care Cards for yourself and each one of your children**
- We will cross reference with Salvation Army and Christmas Bureau
- Once the application is filled out email it to [trinna.clemence@theoutreachcentre.org](mailto:trinna.clemence@theoutreachcentre.org)
- Once screening is completed you will be given an appointment to go over the application
- When the gift cards arrive you will be called and an appointment will be booked to pick up. You will be required to provide picture ID in order pick up the gift cards and are **not** able to have someone pick up for you.

\*AHC# faxed:

Added to Client list:

Stats:



Family # \_\_\_\_\_

4101 54 Avenue Red Deer AB T4N 7G3 (403) 347-2480

**Mission: Working to end family violence and poverty by supporting people in their pursuit of a safer, healthier, more secure life.**

**Privacy Statement** - Collection of your personal information will follow the Freedom of Information and Privacy Act. Your personal information will be held in confidence and will only be shared with the agencies where you gave consent.

### Adopt-A-Family Client Application Form 2021

Your full name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell/work) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_  
                    mth      day      year

Primary Language: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

**Messages will be left on your voicemail or with the person answering the phone. Our number is blocked so if your phone does not accept blocked calls, you must provide a number where you can be reached.**

**► Name and number of another person who will know how to reach you:**

**You must keep us informed as to a contact name and number.**

1. You must be available to pick-up all gift cards in person. We will **NOT** release your gift cards to friends or family. **Please initial stating you have read and understand this clause.** \_\_\_\_\_.
2. Have you applied at another Christmas program this year? Yes      or No  
**(You can only be accepted by one Christmas program per year in Central Alberta, applying at multiple agencies or churches can result in ineligibility from all Christmas programs in the future. Please see an Outreach Worker to be given information on other Christmas programs)**
4. Are you a single parent who will have your children with you over the Christmas holidays? Yes      or No  
On a Monthly basis how many days do your Children spend at your home? \_\_\_\_\_.
5. Have you used any services offered at Women's Outreach within the last six months? Yes      or No  
Which program did you access? \_\_\_\_\_.
6. How did you hear about the Adopt-A-Family Program? \_\_\_\_\_.

(See back page)

**Client responsibility:**

- 1. Must supply an income statement from within the last 30 days.** (Pay stub, income support card, AISH card)
- 2. Must supply a valid Health Care Card/hospital card/Passport for all members of household.**

Staff Initial

\_\_\_\_\_

Neatly print first and last names for yourself and those in your family as they appear on your ID.

Children are birth to 17. (18 years are accepted if living at home and you state name of grade school attending)

Alberta Health Care/ID:

First and last name

Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

The information collected is for the purpose of processing your application form and to contact you. Non-identifiable information is used for statistical purposes. By signing you give consent to collect this information and cross-reference your identification and name with the Christmas Bureau, Food Bank and Salvation Army. You also agree to have your Gift List (**first names only**) forwarded to your sponsor to be used as a guide only. (Individual gifts are to be \$100.00 or less) Please note that you must pick up the parcels within 48 hours from when you are contacted. Our hours are 8:15 – 4:15(Closed from 12:00-1:00) Monday to Friday. Parcels not picked up will be distributed to others.

Signature\_\_\_\_\_ Print name: \_\_\_\_\_

If you want us to contact another agency for language interpretation, please state the agency, contact person and number.

Agency\_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

(Outreach Centre)