



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 2020

- 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 britney.moylan@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: Checked Past: Stats:
*Gift list sent to sponsor: Thank you note received: Notified parcels are here:



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

Family #

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 be in compliance with 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 2020

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)
3. Have you participated in our Adopt-A-Family before? Yes or No When _____.
(If you have previously participated in the last 1 years, you are NOT eligible to access this program. 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? _____.

(See back page)

6. How did you hear about the Adopt-A-Family Program? _____.

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 \$50.00 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)	

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Adopt – A – Family Gift “Wish List”

Use first names only!

Due to COVID-19 this year our Adopt-A-Family program will be run a bit differently than the previous years.

1. You and your family will be matched with one of our amazing sponsors
2. The sponsor will purchase gift cards that are appropriate for the gift ideas you have provided them.
3. Our agency will contact you directly when your gift cards have been dropped off
4. Please make arrangements during that call for a date and time for pick up
5. From here you then get the pleasure of Christmas shopping for your family

This gift list is a guide only. You MUST fill this out to qualify for this program.

It helps the sponsors by giving them an idea of the kinds of items you and your children might enjoy.



**The following information will be forwarded to your sponsor.
You will not know who your sponsor is.**

Parent's First Name: _____ Sex: M/F

Gift Card Suggestions for your gift.

1. _____
2. _____
3. _____

PLEASE PROVIDE 5 GIFT IDEAS IN ORDER TO HELP YOUR SPONSOR SHOP FOR YOUR FAMILY, PLEASE BE SPECIFIC. PLEASE NOTE RESTRICTED ITEMS ABOVE.



1. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



2. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



3. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



4. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



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5. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



6. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



7. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



8. Child's first name: _____ **Sex:** M / F **Age:** _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



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9. **Child's first name:** _____ Sex: M / F Age: _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



10. **Child's first name:** _____ Sex: M / F Age: _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



11. **Child's first name:** _____ Sex: M / F Age: _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____



12. **Child's first name:** _____ Sex: M / F Age: _____

(5) Gift Suggestions:

- 1. _____ Gift Card Suggestion _____
- 2. _____ Gift Card Suggestion _____
- 3. _____ Gift Card Suggestion _____
- 4. _____ Gift Card Suggestion _____
- 5. _____ Gift Card Suggestion _____

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