

*2018 Adopt-A-Family Holiday Program
Norwich Human Services*

PLEASE NOTE: If you have received gifts through our program for the past two years, you will NOT be eligible to receive gifts this year. If you are not sure, please check with our office.

*** PLEASE PRINT CLEARLY**

*** NO ELECTRONIC TOY REQUESTS PLEASE**

	Child's FIRST Name <small>* DO NOT USE LAST NAMES</small>	Age <small>0-16*</small>	Gender	Shirt Size	Pants Size	Shoe Size	WISH LIST <small>Please be specific! Please do not request expensive items such as electronics.</small>
1							
2							
3							
4							
5							

*** For children 16-17: If there are NO YOUNGER SIBLINGS, these children will NOT be matched with sponsors, but will receive gift cards (if available).**

Sponsors who are interested in giving to the parents are encouraged to purchase gift cards to grocery stores or buy items that we all need. We are not able to contact the parents.

Client Name: _____ Client Case Number: _____
If you are an existing client with Norwich Human Services, please provide your case number, which you can get from our staff.

Client Address: _____ Telephone Number: _____

Email Address: _____ Secondary Telephone Number: _____

By signing this form you permit Norwich Human Services to check your name against other programs that sponsor families. I understand that I may NOT seek gifts from two different agencies.

Client Signature: _____

Completed Application _____
Thank You Note _____