



ADOPT-A-FAMILY Application

1920 Evans Avenue, Cheyenne, WY 82001

Contact: Kristina Sarters (307) 635-9291 ext. 130

To participate in Adopt-A-Family, you must have children under the age of 15 living in your household and you must meet income guidelines. Children over 15 are ineligible for the program. **The application deadline is November 15, 2022. LATE APPLICATIONS WILL NOT BE ACCEPTED.** If your household is found to be eligible, you will be contacted via phone to arrange pick-up of the check early in December. Please keep your contact number updated and voice mail accessible. Community Action of Laramie County will make 3 attempts to reach you at which time the check will be voided and returned to CALC.

Family Contact Name: _____ CALC FID: _____ (if applicable)

Phone #: _____ Cell Phone #: _____

Address: _____

Number of children under 15: _____

Household Income per month: _____

DISCLAIMER: Community Action of Laramie County cannot guarantee that an Adopt-A-Family check will be provided or the amount that families may receive as it is based on donations. Please do not assume this event will be able to provide for your entire holiday gift giving.

I AGREE THAT THE FUNDS I RECEIVE FROM COMMUNITY ACTION OF LARAMIE COUNTY KINSHIP ADOPT-A-FAMILY PROJECT WILL **NOT** BE USED IN THE PURCHASE OF ALCOHOL, TOBACCO, LOTTERY TICKETS, OR ANY ILLEGAL SUBSTANCES. THIS MONEY IS FOR THE PURCHASE OF HOLIDAY GIFTS FOR CHILDREN IN THE HOUSEHOLD ONLY. FAILURE TO ADHERE TO THESE GUIDELINES WILL DISQUALIFY ME FROM FUTURE ASSISTANCE.

SIGNATURE

DATE

Adopt – A – Family Required Documents

- DFS/CHA printout within last 30 days
- Proof of income (pay stub, SS, SSI statement)
- Current bank statement
- Proof of residency (utility bill or current lease)
- State-issued ID
- Social Security card or birth certificate for each child you are applying for

Application accepted by: (CALC staff) _____
(Verify all documents are with application)

Date application received: _____

Contact attempt 1: _____

Contact attempt 2: _____

Contact attempt 3: _____

Check Pick-up Date: _____

Person picking up check: _____

Signature of Person picking up check: _____

Signature of Staff: _____