



TPHM ADOPT A FAMILY PROGRAM

To receive holiday assistance through the TPHM Adopt-A-Family Program, the following must be completed and returned with the Wish List information.

Parent(s)/Guardian(s) Name: _____

Address: _____ Phone: _____

List any active military or a veteran living in the home: _____

List School District _____ Email: _____

ADOPT A FAMILY IS AN ASSISTANCE PROGRAM FOR THOSE WHO ARE IN FINANCIAL NEED. IT IS NOT INTENDED TO BE A HABITUAL FORM OF SUPPORT. PROOF OF LOW INCOME, BRIDGE CARD, ID AND PROOF THAT CHILD(REN) LIVE WITH YOU MUST BE SUBMITTED TO RECEIVE ASSISTANCE. PREVIOUS APPLICANTS MUST ALSO SUBMIT FINANCIAL INFORMATION THAT SUPPORTS YOUR CONTINUAL NEED FOR HOLIDAY ASSISTANCE. CHILDREN MUST LIVE WITH THE APPLICANT.

THE APPLICATION AND WISH LIST MUST BE RECEIVED OR POSTMARKED NO LATER THAN **NOVEMBER 30, 2017**. APPLICATIONS WILL NOT BE CONSIDERED IF ALL REQUESTED INFORMATION IS NOT ATTACHED.

PARENT OR LEGAL GUARDIAN DATE

Names of Parents in Household: _____ Number of Children: _____

RETURN COMPLETED APPLICATION TO:

30800 NORTHWESTERN HWY #221 FARMINGTON HILLS, MI 48334 OR BY EMAIL
thepiliphouse@gmail.com or fax (313)731-0303

MUST BE RECEIVED OR POSTMARKED BY NOVEMBER 30, 2017



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ADOPT-A-FAMILY WISH LIST

Child 1: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 2: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 3: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

Child 4: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade: _____

Shirt Size: _____ Pants Size: _____ Pajama Size: _____ Shoe Size: _____

Christmas Wishes and Interests: _____

*If more children, this form may be duplicated.

Parent Signature _____ Date _____