

BASIC NEEDS DEPARTMENT

"Crisis to Stability to Self-Sustainability"



FAMILY AID 365 **DONOR SIGN-UP FORM**

Thank you for choosing to participate in Catholic Charities' Family Aid 365 program. By signing up, you will be helping a family in need by "adopting" them to provide care packages for an entire year during events such as birthdays, holidays, back to school, etc. By adopting a family, you will be helping them to fill some of the gaps that remain after they have successfully completed their case management at Catholic Charities. The road to self-sustainability can be hard to navigate for families, but with your help they are one step closer to reaching that goal.

All information that you provide will be kept confidential and will not be shared with the family you assist. Likewise, the information of the family you assist will be kept confidential, unless they specify that their information can be shared. All contact between you and your family will be made through or known to Catholic Charities, and we will ensure that the families receiving the assistance will have the opportunity to provide a testimony at the end of the service.

Thank you so much for your support!

Catholic Charities will provide you with the list of what the families need and coordinate with you the assistance expected dates, based on your ability to assist. Examples of possible needs include: clothing, shoes, household items, baby supplies, hygiene supplies, school supplies, sports equipment, toys, etc.

Donor's Name: _____ Today's Date ____/____/____

Address: _____ City: _____

Phone Number: _____ Email: _____

I want to remain anonymous? Yes No / Are you planning to provide Monetary support? Yes No

Note: _____ (...)

Demographic Selection:

We have many different types of families that could use your help. If you have a preference for which type of family you wish to help, please indicate below and we will try our best to match you as closely as we can.

I would like to assist the demographics below:

Babies/Toddlers (age 0-4) Children (age 5-12) Youth (age 13-18) Working Parent

Elder Victim of Domestic Violence Veteran Formally Homeless Family

Refugee Person with Disability Person with Chronic Illness such as HIV or cancer

Individual or family displaced by fire in the last 12 months Other _____

OR Catholic Charities can pick the individual or family to be assisted for me

Select the length of service: ____ - 12 Months ____ - 24 Months ____ - ____ Months

Select the family size you would like to adopt (please circle two): 1 2 3 4 5 6 7 8 9 +

Signature: _____ **Date:** _____

Submit completed form to: Catholic Charities Basic Needs Department

185 Columbia Road, Dorchester, MA 02121 • basic_needs@ccab.org • 617-506-6628

BASIC NEEDS DEPARTMENT

"Crisis to Stability to Self-Sustainability"



Page 2: Office Use Only

Reviewed: ___/___/___ Staff: _____ Office: _____

___ Followed up with the Donor: ___/___/___ Form of Contact: _____ Staff: _____

Notes:

Adopted a Family?

___ Y/N: Family: _____ Notes: _____

___ Y/N: Family: _____ Notes: _____

___ Y/N: Family: _____ Notes: _____

___ Y/N: Family: _____ Notes: _____

___ Y/N: Family: _____ Notes: _____

___ Y/N: Family: _____ Notes: _____

General Notes:

(...)