ADOPT-A-FAMILY HOLIDAY ASSISTANCE APPLICATION

Thanksgiving & Christmas 2026

NEW BORN FELLOWSHIP CHURCH

The Adopt-A-Family Program supports families experiencing financial hardship or other challenging circumstances that may make it difficult to provide food, clothing, and gifts for their household during the holiday season. Assistance is available for Thanksgiving and Christmas based on household need and available program resources.

1. APPLICANT INFORMATION

Parent/Guardian/Head of Household Name: _____

Address: _____

City _____ State _____ ZIP _____

Primary Phone _____ Alternate Phone _____

Email Address: _____

Preferred method of contact ☐ Call ☐ Text ☐ Email

Current New Born Fellowship member ☐ Yes ☐ No

How did you hear about the program?

☐ Church ☐ School ☐ Community Organization ☐ Family/Friend ☐ Social Media ☐ Returning Participant ☐ Other

2. HOLIDAY ASSISTANCE REQUESTED

Please select all assistance your household is requesting.

☐ Thanksgiving Assistance ☐ Christmas Assistance ☐ Both Thanksgiving & Christmas

Thanksgiving Needs	Christmas Needs
☐ Thanksgiving meal/food assistance ☐ Grocery assistance ☐ Other household need	☐ Children's gifts ☐ Children's clothing ☐ Winter coats ☐ Shoes/boots ☐ Christmas meal/food assistance ☐ Household essentials

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3. HOUSEHOLD & FAMILY INFORMATION

Please list everyone who currently lives in your household, including yourself.

Name	Relationship	Age	Adult/ Child	Clothing Size	Shoe Size	Coat Size

Total number of adults: _____ Total number of children: _____ Total household members: _____

☐ Yes ☐ No Does everyone listed above currently live in the household?

If no, please explain: _____

4. TELL US ABOUT YOUR FAMILY'S CURRENT NEED

Please briefly tell us about the circumstances that have created a need for holiday assistance this year.

_____

_____

_____

_____

Optional: Check any circumstances that apply.

☐ Loss/reduction of employment ☐ Unexpected household expenses ☐ Housing instability ☐ Recent family emergency
☐ Single-income household ☐ Increased cost of necessities ☐ Other challenging circumstances
☐ Prefer to explain privately

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5. HOUSEHOLD FINANCIAL INFORMATION

Approximate total monthly household income: $_____

Current income sources (check all that apply):

☐ Employment ☐ Self-employment ☐ Social Security/SSI ☐ Disability ☐ Unemployment ☐ Public assistance ☐ Child support ☐ Other ☐ Currently no income

☐ Yes ☐ No Has your household experienced a significant change in income during the past 12 months?

If yes, briefly explain: _____

6. OTHER HOLIDAY ASSISTANCE

Have you applied for or been approved to receive Thanksgiving or Christmas assistance from another organization this year?

☐ No ☐ Applied - awaiting decision ☐ Yes - approved

Organization: _____

Type of assistance: ☐ Thanksgiving ☐ Christmas ☐ Food ☐ Clothing ☐ Gifts ☐ Other

7. DOCUMENTATION

Documentation may be requested to verify household composition, identity, residency, or financial need. Program staff will notify you if additional documentation is required.

8. CHRISTMAS CHILD WISH LIST

Complete this section for each child for whom Christmas assistance is requested. Please be as specific as possible.

Child 1

First Name _____ Age _____ Favorite Color _____

Clothing Size _____ Shoe Size _____ Coat Size _____

Interests/Hobbies: _____

Gift Wish 1: _____

Gift Wish 2: _____

Gift Wish 3: _____

Most-needed clothing item: _____

Favorite stores/brands (especially for teens): _____

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Child 2

First Name _____ Age _____ Favorite Color _____

Clothing Size _____ Shoe Size _____ Coat Size _____

Interests/Hobbies: _____

Gift Wish 1: _____

Gift Wish 2: _____

Gift Wish 3: _____

Most-needed clothing item: _____

Favorite stores/brands (especially for teens): _____

Child 3

First Name _____ Age _____ Favorite Color _____

Clothing Size _____ Shoe Size _____ Coat Size _____

Interests/Hobbies: _____

Gift Wish 1: _____

Gift Wish 2: _____

Gift Wish 3: _____

Most-needed clothing item: _____

Favorite stores/brands (especially for teens): _____

Child 4

First Name _____ Age _____ Favorite Color _____

Clothing Size _____ Shoe Size _____ Coat Size _____

Interests/Hobbies: _____

Gift Wish 1: _____

Gift Wish 2: _____

Gift Wish 3: _____

Most-needed clothing item: _____

Favorite stores/brands (especially for teens): _____

Need to list additional children? ☐ Yes ☐ No If yes, attach an additional wish-list page.

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9. APPLICANT CERTIFICATION

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that everyone listed is represented as part of my household and that I have disclosed other holiday-assistance applications or approvals. I understand that submitting this application does not guarantee assistance. Assistance is based on household need, available donations and resources, and program capacity. I authorize New Born Fellowship Church to contact me to clarify or verify information provided. I understand that failure to respond to program communications or meet stated deadlines may result in my application being closed. I also understand that approved assistance must be picked up during the designated distribution period unless other arrangements are approved.

Applicant Signature: _____ Date: _____

Printed Name: _____

FOR OFFICE USE ONLY

Application #	**Date Received**
Received By	Application Status: ☐ Approved ☐ Waitlist ☐ Not Approved
Thanksgiving	☐ Approved ☐ Waitlist ☐ Not Approved
Thanksgiving Assistance	☐ Food Package ☐ Grocery Assistance ☐ Other
Christmas	☐ Approved ☐ Waitlist ☐ Not Approved
Family Sponsor Assigned	Family/Donor ID #
Adults / Children / Total	Documents Verified
Contact Attempts	Pickup Date/Time
Distribution Completed	☐ Yes ☐ No
Staff Notes	