



Adopt-a-Child

EXTREMELY IMPORTANT PLEASE READ CAREFULLY!!

-Applicants must reside in the Walled Lake Consolidated School District area.

-All applications must be received in the LAYA office by FRIDAY, OCTOBER 25, 2024 in order to be considered.

-Please fill out ONE APPLICATION PER FAMILY AND 1 WISH LIST PER CHILD

- Each Wish List MUST include your child's sizes.

- Children need to be in grades Kindergarten - 12th grade (ages 5-18 to participate).

NOTE: PLEASE fill out the application completely. If any part of the application is incomplete, or is missing required paperwork upon submission, it will be declined for consideration. For questions, please call our office at 248-956-5070.

All decisions regarding approval for the Adopt-a-Child program will be made after the application deadline date of Friday, October 25, 2024. Completion of this application does not guarantee that your child/children will be selected for this program, and applicants who have not previously participated in the past will be considered first.

We will call/email you to let you know if you have been approved.



Adopt a Child *Eligibility Form*

All Families Must Live in the Walled Lake Consolidated School District Area to Qualify

*******All Forms Must Be Filled Out Completely *******

Failure to fill out forms completely and submit with all required documents will result in disqualification.

Due NO LATER than Friday, October 25, 2024

Family Name: _____

Address: _____

City: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Child Name: _____ Age: ___ Boy ___ Girl ___
 School: _____ Grade: _____

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Child Name: _____ Age: ___ Boy ___ Girl ___
 School: _____ Grade: _____

Has your family received assistance from us in the past? Skill Building ____, Adopt-a-Child ____, Shop With a Hero ____, No Services ____.

Are you currently accepting financial assistance or any other Holiday assistance from another agency or organization? _____

Number of members in household: Adults ____ Children ____
 Child Support? (No__) (Yes__) Amount per month _____

OFFICE USE ONLY - Checklist of what is needed to process application

<i>Complete Application</i>	<i>2023 Federal Income Taxes</i>
<i>Parental Consent</i>	<i>District Free Meals Letter</i>
<i>Wish List Per # of Children</i>	<i>Household Income Guidelines</i>

In order to qualify you must meet these guidelines. We are a government program.

Number of People in Household	Extremely Low	Very Low	Low	Not Qualified
1	Under \$20,150	Under \$33,600	Under \$53,700	Over \$53,700
2	Under \$23,000	Under \$38,400	Under \$61,400	Over \$61,400
3	Under \$25,900	Under \$43,200	Under \$69,050	Over \$69,050
4	Under \$31,200	Under \$47,950	Under \$76,700	Over \$76,700
5	Under \$36,580	Under \$51,800	Under \$82,850	Over \$82,850
6	Under \$41,960	Under \$55,650	Under \$89,000	Over \$89,000
7	Under \$47,340	Under \$59,500	Under \$95,150	Over \$95,150
8	Under \$52,720	Under \$63,300	Under \$101,250	Over \$101,250

Other relevant information: _____

Parent/Guardian Consent and Release

I acknowledge that the completion of this form does not guarantee that I have been selected to participate in the Lakes Area Youth Assistance (LAYA) Adopt-a-Child program. My signature below authorizes Lakes Area Youth Assistance to disclose my information to committee members and similar programs in the local area. I understand that I may not be selected for this program if I am already receiving holiday assistance from other organizations or if I do not qualify based on program eligibility requirements. I understand that photos, recordings and/or videos may be taken during this program, and I hereby authorize LAYA to use any such photos, recordings and/or videos for internal and/or promotional purposes, without benefit or payment to myself or my family. I understand that LAYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, assume no responsibility whatsoever for any injury suffered by or medical emergency occurring to myself or a family member in the course of this program. On behalf of myself and my family and to the full extent permitted by law, I hereby release, exonerate, and discharge LAYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, from any and all liability, damages, actions or courses of action for any injuries suffered by or medical emergency occurring during this program. I understand that items written on this form help to make up a “wish list” for each child, and no particular item or number of items is guaranteed through this program. I certify that the information that I have provided on this form is true to the best of my knowledge.

 Signature of Parent/Guardian

 Date

All forms must be COMPLETELY filled out, with proper paperwork attached, to be considered for approval and must be returned no later than Friday, October 25, 2024.

REQUIRED PAPERWORK:

- **1 Complete application per family and 1 Wish List per child**
- **COPY of District’s Free and Reduced Meals Letter**
- **COPY OF First Page of 2023 Federal Income Taxes that shows your claimed dependents**
- **(If applicable) We will also need Letter of SSI/SSD, or F.I.P. letter stating monthly assistance**

To ensure fairness, we work with other local charities providing holiday assistance to eliminate any duplication of requests. If you have any questions about the paperwork please feel free to contact us at 248-956-5070 or email us at LAYA@wlcsd.org

Return forms to:

LAYA@wlcsd.org

OR

Lakes Area Youth Assistance
 850 Ladd Rd., Building D
 Walled Lake, MI 48390

Wish List – 1 Per Child

MUST be turned in by Friday, October 25, 2024

Child’s Name: _____ Age: _____ Male/Female: _____ Grade: _____

Please fill in either the appropriate adult or the appropriate child sizes on the chart below for what your child needs:

Item	Adult Size	Child Size
Coat		
Hat/Scarf		
Gloves/Mittens		
Boots		
Jeans/Pants		
Shirts/Sweatshirts/Sweaters		
Shoes/Slippers		
Dress/Skirt		
Pajamas		
Socks		
Underwear		

Favorite Colors/Patterns/Characters: _____

Wish List/Interests (**Electronic Items and/or Gift Cards are not allowed**)

Return forms to:

LAYA@WLCSD.ORG
OR
Lakes Area Youth Assistance
850 Ladd Rd., Building D
Walled Lake, MI 48390

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Only 1 child’s wish list per sheet. Please make copies for additional children