



Lakes Area Youth Assistance

2025 Adopt-a-Child Application

To be eligible, these criteria must be met:

- Applicants must reside in the Walled Lake Consolidated School District
- Children need to be in grades Kindergarten – 12th Grade (ages 5-18)
- **DEADLINE TO APPLY IS: Friday, November 7, 2025**

The following required documentation must be submitted with application:

- **One complete application per family, and one WISH LIST PER CHILD**
- Copy of District's Free and Reduced Meals Letter
- **Copy of first page of 2024 Federal 1040 Income Tax Form showing your claimed dependents**
- If applicable, Letter of SSI/SSD, or F.I.P. letter stating monthly assistance

Other Information:

- Completion of application does not guarantee that your family will be selected for this program. Confirmation emails will be sent to qualifying applicants along with gift pick up information.
- Turn in complete application to: Lakes Area Youth Assistance; 850 Ladd Rd., Bldg. D; Walled Lake, MI 48390
OR Email: LAYA@wlcsd.org. **(NOTE: if emailing, please only send as PDF attachments! Applications embedded in the body of the email cannot be processed.)**

Income eligible based on current HUD Guidelines:

Number of People in Household	Extremely Low	Very Low	Low	Not Qualified
1	Under \$21,250	Under \$35,350	Under \$56,600	Over \$56,600
2	Under \$24,250	Under \$40,400	Under \$64,650	Over \$64,650
3	Under \$27,300	Under \$45,450	Under \$72,750	Over \$72,750
4	Under \$32,150	Under \$50,500	Under \$80,800	Over \$80,800
5	Under \$37,650	Under \$54,550	Under \$87,300	Over \$87,300
6	Under \$43,150	Under \$58,600	Under \$93,750	Over \$93,750
7	Under \$48,650	Under \$62,650	Under \$100,200	Over \$100,200
8	Under \$54,150	Under \$66,700	Under \$106,700	Over \$106,700

*Has your family received assistance from us in the past? Skill Building _____, Camp _____, 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: \$ _____

Due NO LATER than Friday, November 7, 2025

Family Name: _____

Address: _____

City: _____ **Zip:** _____

Phone (Home): _____ **(Cell):** _____

Email Address: _____

***Child Name:** _____ **Age:** _____ **Boy** _____ **Girl** _____

School: _____ **Grade:** _____

***Child Name:** _____ **Age:** _____ **Boy** _____ **Girl** _____

School: _____ **Grade:** _____

***Child Name:** _____ **Age:** _____ **Boy** _____ **Girl** _____

School: _____ **Grade:** _____

***Child Name:** _____ **Age:** _____ **Boy** _____ **Girl** _____

School: _____ **Grade:** _____

***Child Name:** _____ **Age:** _____ **Boy** _____ **Girl** _____

School: _____ **Grade:** _____

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

Wish List – 1 Per Child

(Please make copies for additional children)

MUST be turned in by Friday, November 7, 2025

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., Bldg. D; Walled Lake, MI 48390

To ensure fairness, we work with other local charities providing holiday assistance to eliminate any duplication of requests. If you have any questions, please call 248-956-5070 or email: LAYA@wlcsd.org.