

Adopt-a-Family Application

A copy of the documents listed below is required when submitting your application. After we receive your application and supporting documents, we may contact you for more information.

Include a copy of the following documents:

- Bank statements for ALL active accounts (for 3 most recent consecutive months)
- Credit card statements for all active accounts (for 3 most recent consecutive months)
- Tax Return (for 3 recent years)
- Social Security card (for all family members in the same household)
- Proof of immigration status (U.S. passport/Citizenship, Green Card, student Visa)
- Driving License or ID (U. S. issued)
- Paystubs (proof of income 3 recent paystubs)
- Statement of all other additional income (if any)
- Food Stamp letter
- o Cash Aid letter
- Financial aid letter
- Rent or lease agreement
- Utility bills (water, gas, electricity)
- o Phone bills
- Vehicle insurance
- Vehicle payment
- Any additional monthly household Income and or Expenses that are not listed above please provide a note with a copy of the statement.



Application

(Please complete application & attach all supporting documents listed on page 1)

Full Name:			Date:		
	Last	First		М.І.	
Address					
	Street Addres	;		Аран	tment/Unit #
-	City			State	ZIP Code
Phone:			Mobile:		
Email:					
Date of Bir	th:		_ Driv	ver's License#:	
How long h	nave you beer	in the United State	es?		
Immigratio	on status:	U.S. Citizen G	reen Card	Special Visa (SIV)	Student Visa
Are you au	uthorized to w	ork in the U.S.?	YES	NO	
What lang	uages are you	most comfortable	to Speak, F	Read & Write?	
Highest Le		on: ted High School ploma or Equivalent			
	Associate's de				

Bachelor's Degree or Higher



Your most recent employment:			
Job Title:			
Company:			
Responsibilities:			
From:		To:	
Marital Status:	Married		Single
If you are married,			
Spouse's Full Name:			
Date Of Birth:			
Phone#:			
Driver's License#:			
Job Title:			
Company Name:			

Members of your household, including children,

	First Name and Last Name	Relationship to applicant	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

www.CHILD-international.org | 1516 Brookhollow Dr. Suite # B, Santa Ana, CA 92705 | Tel: 714.545.3050 A non-profit 501 (C) (3) 509 (a) (1), non-political and non-sectarian organization, Tax ID: 20-2735663



Monthly Household Income

Monthly Gross Income	Self	Other Household Members
Wages		
Social Security (SSI)		
Disability		
Pension or retirement income		
Unemployment		
Workers' compensation		
Alimony		
Child Support		
Cash Aid		
CalFresh aka Food Stamps		
Grants (not loans)		
Other income (Describe)		
Total Monthly Household Income:		

Do you or any of the members of your household receive financial assistance from family, friends, other nonprofit organizations, foundations and or any other resources?

(If yes, please explain, and write in attached income and expense report on this application.)



Monthly Household Expense

Monthly Expenses	Self	Other Household Members		
Rent				
Groceries				
Utilities/Gas				
Electric				
Car Payments				
Car Insurance				
Medical Insurance (including Dental and Vision)				
Gasoline				
Internet				
Phone (including Phone Insurance)				
Loans				
Other expenses (Describe)				
Other expenses (Describe)				
Total Monthly Household Expense:				

Do you currently hold any debt? If so, how much?



What are your urgent needs?

Please write your bio. (Also write about the reason you migrated to the U.S. & your future goals)

What complications have caused you to reach out to CHILD International?

How are you supporting yourself and your family currently?

Do you own or have a vehicle for your transportation?

What are your future goals to be able to cover your expenses?



Who should we contact in case of an emergency?

Full Name:

Phone Number:

What is your relationship with them:

Social Media Consent

CHILD International can provide you and many other families with many services including scholarships for our students because of the financial support of many dedicated donors in the community. Continued support from these generous individuals and corporations is critical. When our supporters and donors have the opportunity to read the stories in our news platforms and sometimes meet families (and or our students) in person and learn about how their donations directly help to improve the lives of each person, they are often inspired to provide additional support. By sharing your story, you also help future families and students achieve the support they need to follow their dreams. Please select one:

I DO give permission to CHILD International to use and share my information with donors to maximize the support I need.

I DO NOT give permission to CHILD International to use and share my information with donors to maximize the support I need.

Would you like to benefit from our free resource on our WhatsApp announcement page?

By choosing "YES" your phone# will be added to our page and you will have access to many benefits we announce on our WhatsApp page. You can view the most current news or updates on all benefits offered by us or other entities, also you will be the first to see the free items we offer for pickup, come to free events held by CHILD International and more. This is a private group and only for our office use to benefit our members. We ask you and all members of our WhatsApp page to please do not write, post, or respond on this page and to call our office for any questions or comments.

*I certify that all my answers and statements on all pages are true to the best of my knowledge.

SIGNATURE:

DATE:

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