



# COMMUNITY HOPE FUND

## ADOPT A FAMILY SPONSOR

Name of sponsoring family/organization: \_\_\_\_\_

Name of contact person for above: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (please specify home/ work / cell): \_\_\_\_\_

Email: \_\_\_\_\_

To help us match you with a family – please answer the questions below;

### What size family would you prefer to adopt?

Size of Family: \_\_\_\_\_ No Preference \_\_\_\_\_ Small 2-3 \_\_\_\_\_ Med. 4-5 \_\_\_\_\_ Large 6 +

Would you be available to deliver the items to the Family? Y/N \_\_\_\_\_ (Dec. 10<sup>th</sup> or earlier)  
*If no, please deliver the items to the Department of Human Services no later than Thursday, December 10.*

If you have children who attend the Ocean Township School system, please list the schools your children currently attend: \_\_\_\_\_  
*(We prefer not to have families matched whose children attend the same school)*

Contact the Dept. of Human Services at 732-531-2600 for questions or concerns (phone calls will be relayed to the appropriate CHF member).

We will make every effort to match you with a family and provide the information you need to participate in this very rewarding program.

***Please return this form to the Township of Ocean Department of Human Services,  
601 Deal Road, Ocean, NJ 07712.  
Email: [jappio@oceantwp.org](mailto:jappio@oceantwp.org).***