

# Adopt A Family 2023



Referring Agency: **Child Abuse Prevention Council**

1. Case Manager \_\_\_\_\_

2. Case Manager Cell # \_\_\_\_\_

3. CAPC Department \_\_\_\_\_

4. Family Name \_\_\_\_\_

**Please note:** Children are our only focus.

Do you have transportation to pick up on Saturday, December 17th? \_\_ YES \_\_ NO

**Children's information:** When marking size, please indicate Infant, Child or Junior size

First Name	Age	Gender	Dress SZ	Pant SZ	Shirt SZ	Shoe SZ	Favorite color
Special Wishes							

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