



Care Package Program

Adoption Application

Is your Post Office open?

Yes No

Do you speak English?

Yes No

** Please fill in a legible font **

1. First Name: _____

2. Last Name: _____

3. Phone Number: _____

4. Email Address: _____

5. Residential or Postal Address: (Please organize data as follows)

- House Number and Street Name / PO Box

- Urbanization / Neighborhood

- Municipality

- Zip Code

Example:

#77 Calle Cielo

Urbanización Los Flamingos

Camuy, PR 00778

USA



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6. Indicate the information of the people that live with you.

Name and relationship of the family member	Sex (W / M)	Age	Special Needs – Disabled suffering from any Chronic Health Condition.

7. Do you have a pet?

Pet	Quantity	Special Needs
Dog		
Cat		
Other. Indicate here: _____		

8. Mark the bullet if you have the following:

- Fresh drinking water
- Access to Internet
- Electricity
- Cooking gas – Select one:
 - We have gas and can cook
 - We have gas but cannot cook
 - We do not have gas
- Phone



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9. Select the one that describes your home:

- Rental
- Someone else's home
- Homeowner with damaged fixture
- Homeowner with inhabitable fixture
- Shelter

10. Is there anything in particular that you need?

11. What helpful suggestions do you have to help us improve our service to you?

Thank you for trusting *Adopt a Family in PR!*

Please submit your application via email to:

info@adoptafamilyinpr.com



Adopt a Family in PR



@AdoptaFamilyinPR

www.adoptafamilyinpr.com