
Holiday California Adopt a Family Application

Applicant Name (Last, First)

Home Address (Street, City, State, Zip)

Home Telephone

Business/Other Telephone

E-mail Address

CHILD INFORMATION: Do you have a child with autism spectrum disorder living with you? Yes No

Do you have MORE THAN ONE child with autism spectrum disorder living with you? Yes No (If yes, how many? Please also provide their ages and diagnosis.)

Please list children information:

Child with Autism's Name	Age	Desired gift	Diagnosis (please write all that apply)
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Sibling or Child's Name	Age	Desired gift	Disability or Typical?
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MARITAL STATUS: Are you married? Yes No

Are you a single parent? Yes No

If you are a single parent, do you receive monthly child support? Yes No

Number of adults in the home: _____

RESIDENCY:

Have you been a resident of the State of California for the two years preceding the date on this application? Yes No

Residency circumstances if in California less than two years: _____

TACA ASSISTANCE:

Have you ever received assistance from the TACA Families in Crisis Scholarship Fund before? If so, please note the amount, for what and when. Yes No

SPECIAL HOLIDAY NEEDS?

Do you have special holiday needs? (i.e. gluten free /casein free foods, allergen free foods – what are the specific allergies?, supplements (please list), a need for diapers – what size? Which holiday do you observe –so that we wrap gifts appropriately, deliver on time, etc.)

DESIRED DELIVERY TIME FRAME

In order to plan the number of families who apply for assistance – what is the desired delivery date and time for your family?

APPLICATION SUMMARY: Please describe what is being requested and why. Be specific, using additional paper attachments if needed for the description. Please include any additional information about financial hardships or extenuating circumstances that should be considered.
Should your application be accepted – please indicate special requirements or wish list for each of your family members.

All information submitted to TACA shall remain **confidential**. Please note that, pursuant to California and federal law requirements, TACA reserves the right to follow up to ensure any approved grant was actually used for its intended purpose.

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date

**Please include the following with this application and mail to
TACA ADOPT A FAMILY HOLIDAY PROGRAM, P.O. Box 12409, Newport Beach, CA 92658-2409**