



2018 Adopt a Family Program Guide



Important Dates and Deadlines:

Tuesday, October 16, 2018 - Last day to submit online donation request forms

Monday, December 10, 2018 - You will be notified if a child has not been adopted

Thursday/Friday, December 13/14, 2018 - Gifts will be dropped off to programs

We're delighted to host the 2018 Adopt-A-Family Program, our annual holiday gift-giving program. We'd like to thank you in advance for taking the time to enroll the families in your programs to ensure they have a wonderful holiday season!

Enrollment Is Easy!

- Complete the online form. Only clients submitted online will be included in the program
- Use Chrome as your browser
- Make sure the computer you are using can access Google Docs. Contact IT if you are having issue
- One form per individual.
- Contact Lori Petramale-Ozores or call 845-871-1024 or Dana Valdez (dvaldez@astorservices.org) if you have questions.
- You will receive an automated confirmation email stating your request has been received. If you do not receive a confirmation email, your online form was not received. Please follow-up with an email or phone call.

The Donation Request Form:

When answering the questions on the donation request form please be as detailed as possible in your responses. (i.e. if a child wants a baby doll, please provide ethnicity of the doll. If a child likes superheroes, please specify which ones, etc.)

The donor will receive the information exactly as you supply it on the form. Please try to avoid writing in all cap letters and be as clear as possible about your client's needs and wishes.

Although there is no guarantee that every family member will be adopted, our goal is to fulfill every request. Please be aware that families may be split up and everyone may not receive the same number of gifts or receive gift cards instead.

Programs/Centers will be given a final tally sheet that will include:

- Notification of those adopted
- A list of those that will receive gift cards or were not matched
- You will be notified on December 10, 2018, of clients who did not receive gifts
- You will receive a list of the code assigned to each individual.
- The code will also be placed on each gift for delivery

We will keep you up to date with the status of matches in your program. If you have any questions, please contact Dana Valdez (dvaldez@astorservices.org).

Client List

In late October you will receive a list of all the clients that you submitted to the program. We will start the matching process with clients entered before the October 16, 2018. Please review the list for the following and notify Dana Valdez immediately if there are errors:

- Make sure your clients are grouped by the correct family units by ensuring all members of the same family have the same family number
- Confirm that all the individual you submitted are listed

How you can help!

We are doing everything to seek new donors through our outreach programs and would greatly appreciate your assistance by sharing the Adopt-A- Family information on your personal social media or with family and friends.

2018 Hudson Valley Adopt-A-Family Program Enrollment Form

DEADLINE FOR ENROLLMENT: Tuesday, October 16, 2018

IMPORTANT:

Submit one (1) enrollment form per client. For example, for a family of five (5), you should submit five (5) enrollment forms. Please use the client's LAST NAME as the family name in order to keep the family unit together.

* Required

Skip to question 1.

Astor Program Information

Please provide us with information about the client's Astor Program.

1. This client/family member is enrolled in the Astor Division checked below. *

Mark only one oval.

- ☐ Hudson Valley Behavioral Health
- ☐ Early Childhood Programs
- ☐ Residential

2. This client/family member is enrolled in the program checked below. *

Mark only one oval.

- ☐ Beacon Early Childhood
- ☐ Mt. Alvernia Early Childhood
- ☐ Poughkeepsie Early Childhood
- ☐ Red Hook Early Childhood
- ☐ Wingdale Early Childhood
- ☐ Beacon Counseling Center
- ☐ BETA/ADT
- ☐ Bridges to Health
- ☐ Dover Counseling Center
- ☐ ECCSI
- ☐ Health Homes
- ☐ Hyde Park Counseling Center
- ☐ J-RISC
- ☐ Pine Plains School Based Programs
- ☐ Poughkeepsie Counseling Centr
- ☐ Middletown Family Therapy and Support Services
- ☐ Therapeutic Foster Care
- ☐ RTC
- ☐ RTF
- ☐ Other: _____

3. Name of Astor employee who will act as a contact for this family. *

4. Astor Employee's - Email Address

5. Astor Employee's - Phone Number

Skip to question 6.

Astor Client Information

Please note, the last name of the client WILL NOT be provided to the donor. The last name is for INTERNAL USE ONLY.

If a family has more than one last name please use only one last name so the entire family will be placed together. Aliases are permitted.

6. Client Last Name *

7. Client First Name *

8. Client Gender *

Mark only one oval.

☐

Male

☐

Female

☐

Other:

9. Client Age *

Age as of December 25, 2018. If younger than 2 years, please indicate number of months. (Ex: 3 years -OR- 6 months)

10. Shirt Size *

(S, M, L, XL, 2X, 3X) If the client is an infant or toddler please mark with the appropriate initial. Mths = Infant; T = Toddler (Ex: S -OR- 6 Mths -OR- 3T)

11. Pant Size *

(S, M, L, XL, 2X, 3X) If the client needs specific pant sizes please indicate waist and inseam in inches.

12. Shoe Size - (toddler, children, adult) *

13. Store Department *

Mark only one oval.

☐

Baby/Toddler

☐

Girls

☐

Boys

☐

Juniors

☐

Womens

☐

Mens

☐

Other:

Skip to question 14.

Gift Information

In this section, we ask you to be as detailed as possible with your answers. The more details you provide, the easier it is for the donor to fulfill the needs and wishes of the client. As donors like to purchase

specific gifts, if details are not available it is likely that the client will receive a gift certificate.

For instance, if a child would like a doll, please let us know the ethnicity of the doll. If a child likes wrestling or action figures, please let us know his/her favorite wrestler and/or action hero.

Please do not write your answers in all caps - your responses are delivered directly to the donor and all caps are difficult to read.

14. Needs *

Please provide items that this person NEEDS for the holiday season. Items may include: underwear; food/gas gift certificates; toothbrushes, socks, winter coat, winter gloves, and winter hat. Please put a period in between each gift. Don't hit enter after each gift.

15. Wishes *

Please provide items this person WANTS for the holiday season. Items can include: toys (indicate type and ethnicity); movies; books; music; more clothes. The more details you provide the better. Please put a period in between each gift. Don't hit enter after each gift.

16. Is there anything you would like us to know about your client that may help the donor in their gift search?

What is their favorite color, TV show, movie, celebrity, athlete, hobby, etc. Is there any other personal information the donor should know about.

Powered by



2018 Bronx Adopt-A-Family Program Enrollment Form

DEADLINE FOR ENROLLMENT: Tuesday, October 16, 2018

IMPORTANT:

Submit one (1) enrollment form per client. For example, for a family of five (5), you should submit five (5) enrollment forms. Please use the client's LAST NAME as the family name in order to keep the family unit together.

* Required

Skip to question 1.

Astor Program Information

Please provide us with information about the client's Astor Program.

1. This client/family member is enrolled in the Astor Division checked below. *

Mark only one oval.

- ☐ Bronx Early Childhood Programs
- ☐ Bronx Behavioral Health: Outpatient Clinics
- ☐ Bronx Behavioral Health: School-Based Programs
- ☐ Bronx Behavioral Health: Community-Based Programs

2. This client/family member is enrolled in the program checked below. *

Mark only one oval.

- ☐ Care Management Services
- ☐ East Tremont Day Treatment
- ☐ Highbridge Outpatient Clinic
- ☐ Lawrence F. Hickey Children's Day Treatment
- ☐ Preventive Services
- ☐ P.352X@MS424
- ☐ School Based Services
- ☐ SRT/100 Schools
- ☐ SYNC
- ☐ Tilden Outpatient Clinic
- ☐ Transitions
- ☐ Other: _____

3. Name of Astor employee who will act as a contact for this family. *

4. **Astor Employee's - Email Address**

5. **Astor Employee's - Phone Number**

Skip to question 6.

Astor Client Information

Please note, the last name of the client WILL NOT be provided to the donor. The last name is for INTERNAL USE ONLY.

If a family has more than one last name please use only one last name so the entire family will be placed together. Aliases are permitted.

6. **Client Last Name (Use client last name for all family members - even if other family member's last name is different). This is how we keep family groups together. ***

7. **Client First Name ***

8. **Client Gender ***

Mark only one oval.

☐

Male

☐

Female

☐

Other:

9. **Client Age ***

Age as of December 25, 2018. If younger than 2 years, please indicate number of months. (Ex: 3 years -OR- 6 months)

10. **Shirt Size ***

(S, M, L, XL, 2X, 3X) If the client is an infant or toddler please mark with the appropriate initial. Mths = Infant; T = Toddler (Ex: S -OR- 6 Mths -OR- 3T)

11. **Pant Size ***

(S, M, L, XL, 2X, 3X) If the client needs specific pant sizes please indicate waist and inseam in inches.

12. Shoe Size (toddler, children, adult) *

13. Store Department *

Mark only one oval.

- ☐ Baby/Toddler
- ☐ Girls
- ☐ Boys
- ☐ Juniors
- ☐ Womens
- ☐ Mens
- ☐ Other: _____

Skip to question 14.

Gift Information

In this section, we ask you to be as detailed as possible with your answers. The more details you provide, the easier it is for the donor to fulfill the needs and wishes of the client. As donors like to purchase specific gifts, if details are not available it is likely that the client will receive a gift certificate.

For instance, if a child would like a doll, please let us know the ethnicity of the doll. If a child likes wrestling or action figures, please let us know his/her favorite wrestler and/or action hero.

Please do not write your answers in all caps - your responses are delivered directly to the donor and all caps are difficult to read.

14. Needs *

Please provide items that this person NEEDS for the holiday season. Items may include: underwear; food/gas gift certificates; toothbrushes, socks, winter coat, winter gloves, and winter hat. Please put a coma in between each gift. Don't hit enter after each gift.

15. Wishes *

Please provide items this person WANTS for the holiday season. Items can include: toys (indicate type and ethnicity); movies; books; music; more clothes. The more details you provide the better. Please put a coma in between each gift. Don't hit enter after each gift.

16. Is there anything you would like us to know about your client that may help the donor in their gift search?

What is their favorite color, TV show, movie, celebrity, athlete, hobby, etc. Is there any other personal information the donor should know about.

Powered by

