



Novi Youth Assistance Adopt-A-Family Program Information (Self Referral)

To be eligible, these criteria must be met:

- Novi resident
- 12th grade and younger
- Recipient Information Form submitted before **November 1, 2024**

The following documentation must be submitted:

- Proof of residency with copies of 3 of the following 6 pieces of identification:
 - Driver's license
 - State ID
 - Property tax statement
 - Lease agreement
 - DTE bill
 - Consumers Energy bill
- **Proof of income eligibility showing dependents must be submitted.**
 - Copy of Federal 1040 Form from 2023

Income eligible based on current HUD guidelines:

Persons Per Household	Extremely Low Income	Very Low Income	Low Income
1	\$20,150	\$33,600	\$53,700
2	\$23,000	\$38,400	\$61,400
3	\$25,900	\$43,200	\$69,050
4	\$28,750	\$47,950	\$76,700
5	\$31,050	\$51,800	\$82,850
6	\$33,350	\$55,650	\$89,000
7	\$35,650	\$59,500	\$95,150
8	\$37,950	\$63,300	\$101,250

5/1/2024

List Dependents:

1. _____ Age _____ School _____
2. _____ Age _____ School _____
3. _____ Age _____ School _____
4. _____ Age _____ School _____
5. _____ Age _____ School _____
6. _____ Age _____ School _____

Other Information:

- Completion of recipient information form does not guarantee that the family will be selected for this program. Confirmation letters will be sent containing gift pick up information.
- This program is intended to benefit youth household members. General gifts for adult household members may or may not be included at the donor's discretion.
- No particular item or quantity of items is guaranteed to be donated.
- It will be the recipient's responsibility to pick up the gifts on the scheduled day/time. *No gifts will be delivered to homes.*
- Donor's gifts will be unwrapped. It is the recipient's responsibility to wrap and provide wrapping paper.
- Turn in completed form(s) to the Novi Youth Assistance office no later than **November 1, 2024**
 - by mail or in person- 24062 Taft Rd, Novi, MI 48375
 - by email- carrie.reichley@novik12.org with subject line Adopt-a-Family application

In order to help as many children as possible, families should not apply for this program if they are already participating in a similar program with another organization.

If a family does not qualify for this program, they can contact their local religious institute.



Office Use Only
Date Received: _____
Family Number: _____

Novi Youth Assistance
Adopt-A-Family Program

RECIPIENT INFORMATION FORM

Return to Novi Youth Assistance no later than **November 1, 2024**

All required documentation must be submitted and household information must be complete for consideration.

Guardian Information

Name: _____ Phone: _____
Relationship to Recipient(s): _____ Email: _____

Household Information

Address: _____
Number of Family Members in Household: Adults: _____ Youth: _____
Total Gross Annual Income: _____

Child Information

Name: _____ Gender: _____ Age: _____
SIZES Coat: _____ Pants: _____ Shirt: _____ Shoes: _____
Wish List Items: _____
Other notes (favorites, etc.): _____

Child Information

Name: _____ Gender: _____ Age: _____
SIZES Coat: _____ Pants: _____ Shirt: _____ Shoes: _____
Wish List Items: _____
Other notes (favorites, etc.): _____

Child Information

Name: _____ Gender: _____ Age: _____
SIZES Coat: _____ Pants: _____ Shirt: _____ Shoes: _____
Wish List Items: _____
Other notes (favorites, etc.): _____

Child Information

Name: _____ Gender: _____ Age: _____
SIZES Coat: _____ Pants: _____ Shirt: _____ Shoes: _____
Wish List Items: _____
Other notes (favorites, etc.): _____



Parent/Guardian Consent and Release

I acknowledge that the completion of this form does not guarantee that I have been selected to participate in the Novi Youth Assistance Adopt-A-Family program. My signature below authorizes Novi Youth Assistance to disclose my information to committee members and similar programs in the local area. I understand that I may not be selected for this program if I am already receiving holiday assistance from other organizations or if I do not qualify based on program eligibility requirements. I understand that photos, recordings, and/or videos may be taken during this program, and I hereby authorize NYA to use any such photos, recordings, and/or videos for internal and/or promotional purposes, without benefit or payment to myself or my family. I understand that NYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, assume no responsibility whatsoever for any injury suffered by or medical emergency occurring to myself or a family member in the course of this program. On behalf of myself and my family and to the full extent permitted by law, I hereby release, exonerate, and discharge NYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, from any and all liability, damages, actions or courses of action for any injuries suffered by or medical emergency occurring during this program. I understand that items written on this form help to make up a “wish list” for each child, and no particular item or number of items is guaranteed through this program. I understand that NYA, might share my household information with other Adopt-a-Family programs and agencies within my area. I certify that the information that I have provided on this form is true to the best of my knowledge.

Signature of Adult Household Member

Date