



A FAMILY FOR EVERY CHILD

FAMILY BUILDING – SUPPORT FAMILY APPLICATION

In Cooperation with DHS

If you would like to be a Support Family for someone just starting or in the middle of the adoption process please fill out this form and return by email or mail to either address listed below. A representative will contact you and place you in touch with a family in need of your support.

Date: _____ Name _____

Address _____ City: _____ Zip: _____

Home Phone _____ Cell _____

WorkPhone: _____ Email _____

All questions are optional – information is for internal use only at A Family for Every Child

Did you adopt through DHS?

What was your impression of the adoption experience?

What is your preferred method of contact, Phone or E-mail?

Tell us about your family. How many live in your home including pets.

Did you adopt a special needs child, older child, different race or siblings?

Are you a single parent, married, partner?

Anything you'd like to add about your family?

Thank you for your interest. We will do our best to match you with a family similar to yours. Should you have any questions please contact a Family Building Representative.

Thank you,
Christy Obie-Barrett
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