



A FAMILY FOR EVERY CHILD

FAMILY BUILDING – SUPPORT REQUEST APPLICATION

In Cooperation with DHS

If you feel a need for support during your 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 support family.

Date: _____ Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

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

General Information:

Are you adopting through DHS? _____ If so, what age and gender _____

Have you adopted before and was it through DHS? _____

What is your preferred method of contact? Phone or Email? _____

Tell us about your family:

Are you adopting a special needs child, older child, different race or siblings?

How many people including pets are residing in your home and what ages?

Are you single parent, married, partner? _____

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
A Family For Every Child
1047 Pinewood Terrace
Eugene, Oregon 97505
Home: 541.683.5769
Cell: 541.954.9626
CBObie@aol.com