2027 Glad Tiding Sponsor Application

1.) I, _____, acknowledge that I am completing this application because I will adopt a family with Star of Hope this year.

2.) I, _____, acknowledge that I am aware that Star of Hope allows families who are homeless and low-income families to participate in Glad Tidings Adopt-A-Family. I am aware that the family ***that I receive may be homeless and that this does not interfere with my decision to participate in the Adopt-A-Family program.***

3.) I, _____, acknowledge that Star of Hope may allow unaccompanied homeless youth or youth in particular programs to participate in Glad Tidings Adopt-A-Family. ***Regarding unaccompanied youth, you will speak directly with a school staff member or agency representative, and the gift exchange will take place with a school district or agency representative present.***

4.) I, _____, acknowledge that I will not receive the information on the family/families that I have been matched with until November 1st.

5.) I , _____, acknowledge that ***I will communicate with each family that I have chosen within 72 hours/ 3 days of receiving the family's contact information***. This communication can be through email, text message, or phone call.

6.) I, _____, acknowledge that I am ***required to deliver all gifts no later than December 13th*** and that I must speak with a Star of Hope staff member to set up any deliveries of gifts that will take place after December 13th, **before December 5th**.

7.) I, _____, acknowledge that I will not ask families for anything in return, outside of photos, in connection with my adoption of their family. Families are allowed to decline photos of their families.

8.) Are you participating as an **(select one)**: □ Individual/Family □ Group □ Organization/Business

9.) How many people are participating/contributing **(select one)**?

□ 1-3 □ 4-6 □ 7-10 □ 11-20 □ 25 or more

If you are participating as a group, please put the email address, physical address, and phone number where you wish to be contacted.

10.) Individual/Family, Group, Organization/Business:
Individual/Family, Group, Organization/Business Name:

_____

Individual/Family, Group, Organization/Business Address:

Mailing Address: _____

City, State, & Zip: _____

11.) 1st Contact Person:

Name: _____

Email Address: _____

1st Contact Phone # and Ext.: _____ Ext. _____

1st Contact Cell Phone #: _____

12.) 2nd Contact Person:

Name: _____

Email Address: _____

2nd Contact Phone # and Ext.: _____ Ext. _____

2nd Contact Cell Phone #: _____

While we intended to focus on families inside of the BELTWAY, we occasionally receive requests from families in Galveston, Sugarland, Katy, Crosby, Pearland, Webster, The Woodlands, and other surrounding cities.

13.) I, _____, am aware that the zip code has been placed behind the last initial (first name, zip code & STA-Number).

14.) How many children would you like to adopt in total:

□ 1 to 5 Children (cost $150-$750) □ 6 to 10 Children (cost $900-$1500)

□ 11 to 15 Children (cost $1650-$2250) □ 16 to 25 (cost $2400-$3750) □ 26 or more (cost $3900)

15.) Are you or your group interested in the possibility of "Encouraging" the family through the next 6 months with notes/letters of encouragement, etc.?

16.) Have you participated in the Star of Hope Adopt-A-Family "Glad Tidings" program before?

17.) How did you learn about Star of Hope/Star of Hope Adopt-A-Family program?

18.) I (We), _____, understand that many items may appear on the Gift Ideas List, but I adopt with the understanding that I am under no obligation to fulfill the entire list.

19.) I (We), _____, agree **to contact the family members I have chosen by email, text, or call within 72 hours/3days of receiving their contact information**. **Please check spam and junk folders for emails from the email address gtsponsors@sohmission.org for the family's contact information upon selection of a family**.

20.) I (We), _____, agree to deliver the gifts to the recipients/family no later than **December 13th**.

21.) I (We), _____, agree to contact the Outreach Coordinator, Michelle Jones-Allen (Phone: 281-703-3181/ Email: **Ljones@sohmission.org)**; ES Case Manager, Dee Davis (Phone: 832-431-6292/Email: **Ddavis@sohmission.org**) or the Manager of Outreach Services, Wanda Washington (Phone: 713-817-0752/ Email: **Wwashington@sohmission.org**) with Star of Hope immediately if there are any concerns regarding safety, recipient/family or any other matters.

22.) I (We) _____, agree to notify the Extended Services Case Manager, Michelle Jones (Phone: 281-703-3181/ Email: **Ljones@sohmission.org**) or the Manager of Outreach Services, Wanda Washington (Phone: 713-817-0752/ Email: Dtubbs@sohmission.org) **with Star of Hope on or before November 25th if we are unable to participate in the AAF program.** This will allow the mission the opportunity to locate a new sponsor or gifts for the family.

My signature indicates that I have READ & AGREED to the requirements of the Adopt-A-Family program.

Signature: _____ **Date:**_____