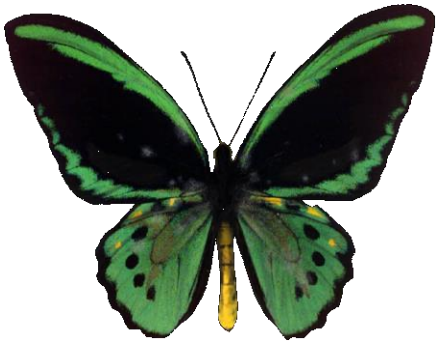

Guardian Angel Adoption Program

INTAKE FORM

MAIL FORMS TO: GUARDIAN ANGEL ADOPTION PROGRAM – c/o James D. Harris, Jr.; Minister
11111 Highland Ave. #212 – Gulfport, MS 39503-3889 / (228) 437-8671

*EVERY QUESTION MUST BE ANSWERED COMPLETELY.

Name _____

Address _____

City, State & Zip Code _____

Contact Number(s) _____

Spouse's Name _____

Number in Family _____ **Number in House Now** _____

Family Members or Occupants Names & Ages _____

_____

_____

_____

Tell us about Your Family _____

_____

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_____

How Did Hurricane Ida affect you and your Family? _____

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*DO NOT WRITE BELOW LINE *(Official "In-House" Qualifying Sequence)*

Verified by: _____ ***Date*** _____

2 - *GUARDIAN ANGEL ADOPTION PROGRAM*

*** *DEFINED NEEDS LISTING* – (Please list the things you and your Family NEEDS, not what you want! These needs will be verified by one of our Project Leaders.** ***

DO I HAVE PICTURE OF FAMILY OR MYSELF WITH FORM? YES _____ NO _____
***SOME TYPE OF PICTURE ID IS REQUIRED FOR ASSISTANCE. - JDH**

CLOTHING: *PLEASE WRITE ALL THE SIZES AND TYPES OF CLOTHING CLEARLY FOR EASY RECOGNITION. IF WE CANNOT READ WHAT YOU WRITE, WE CANNOT HELP YOU AS QUICKLY, SO WRITE CLEARLY! ALSO, PLEASE NOTE FOR US IF THE CLOTHING IS FOR AN INFANT – (GIRL OR BOY), SMALL KIDS – (GIRL OR BOY), TEEN-AGERS – (GIRL OR BOY), ADULTS – (MAN OR WOMAN). SHOES THE SAME WAY. MAKE SURE YOU WRTIE DOWN ALL SIZE INFORMATION. _______________

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MISCELLANEOUS ITEMS: *(INCLUDING FOOD, TOWELS, SHEETS, ETC. INCLUDE BEDS AND FURNITURE IF YOU NEED THEM. *ALL REQUEST* WILL BE VERIFIED AND QUALIFIED. WE DO NOT PROMISE TO FULFILL EVERY ITEM, BUT WE WILL DO OUR BEST TO MEET YOUR NEEDS. ____

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DO NOT WRITE BELOW LINE** *(Official "In-House" Qualifying Sequence)***

Verified by: _____________________________ ***Date*** ________________