

Family Number:

## South Plainfield Social Services: 2022 Adopt a Family Application

This form must be completed and returned to:  
Department of Social Services, 90 Maple Avenue, South Plainfield by November 3, 2022

**All information on this application will be completely confidential and only available to the South Plainfield Department of Social Services.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*All addresses must be verified with a valid form of identification or proof of residency\*\*\*\*

Total number of people residing in household: \_\_\_\_\_(adults) \_\_\_\_\_(children)

Name of Child	Male/ Female	Age	School	Size (child or adult)

Please list any interests, hobbies, or favorites that may help with ideas for your child. We will do our best to accommodate.

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Child's name	Interests/ Likes/ Hobbies

I would like a Thanksgiving meal: (yes)\_\_\_\_\_ (no)\_\_\_\_\_ /

Turkey (yes)\_\_\_\_\_ (no)\_\_\_\_\_

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