



## 2018 ADOPT-A-FAMILY NOMINATION FORM

Please return completed form to [Gulia.Chernyak@IlitchCharities.Org](mailto:Gulia.Chernyak@IlitchCharities.Org),

I/O mail to 6<sup>th</sup> Floor Fox Office Center, or mail to:

Ilitch Charities, Attn: Gulia Chernyak, 2211 Woodward Avenue, Detroit, MI 48201

### **NOMINATOR INFORMATION**

Colleague Name

Colleague Email

Phone #

Colleague Business Unit

### **NOMINATED FAMILY INFORMATION**

*Please note: Nominee(s) must be an immediate family member of the colleague listed above.*

*Colleagues may also nominate themselves for assistance. Proof of family relation to colleague may be requested. Each colleague is eligible to nominate one family for assistance.*

Name(s) and Relationship to Nominator

Name(s) & Age(s) of Children

Other Family Members in Household (Name, Age & Relationship to Family)

Nominated Family E-mail Address

Nominated Family Home Address

Describe the type of assistance that is needed most (e.g. non-perishable food, winter coats, bedding, clothing, assistance with rent/heating bills/medical bills, etc.). Please be specific and include as much detail as possible.

Explain why this family needs assistance and why you believe Ilitch Charities should provide support.

[Empty box for explanation]

By signing below, I certify that the information provided on this nomination form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Colleague Signature

\_\_\_\_\_  
Date

## **ASSISTANCE DETAIL**

Not all nominated families will necessarily be selected to receive assistance. Should your family be selected to receive assistance, it is helpful for us to have the following information on file. Please fill this out as accurately and completely as you can for the family you are nominating. Please note that all assistance beyond food and clothing will be made payable directly to the service provider (i.e. utility company, mortgage lender, etc.). Please attach all supporting documentation to this request (copies of bills, delinquent notices, etc.). Failure to attach supporting documents may delay a decision and possibly jeopardize assistance. It is not guaranteed that your service provider will be issued a check the month that you submit the nomination form or when you are notified when your family has been selected for assistance. Under no circumstances will payment be made directly to the family.

### **Clothing**

	<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Sizes (Jackets, Shirts, Pants, Undergarments, Shoes)</b>
<b>Adult 1</b>				
<b>Adult 2</b>				
<b>Child 1</b>				
<b>Child 2</b>				
<b>Child 3</b>				
<b>Child 4</b>				

### **Utility Payments (please attach most recent monthly statement)**

*Local Utility Provider & Current Balance*

### **Housing Payments (please attach most recent monthly statement or lease agreement)**

*Monthly Housing Payment*

*Mortgage/Leaseholder & Current Balance*

### **Medical Payments (please attach most recent medical bill)**

*Name of Doctor/Practice & Current Balance*

### **Other Assistance (please describe assistance in box below if not applicable above)**

The 2018 Ilitch Charities Adopt-a-Family program is intended to help colleagues' family members who are experiencing hardship this year and could use assistance to make their holiday brighter. All nominations will be reviewed by a Committee comprised of select Ilitch Charities' Board Members.