

The Adopt-A-Family program assists Chino Hills families experiencing financial hardships or circumstances that may prevent them from providing food, clothing, and gifts for their families during the holiday season.

Applicants must be current Chino Hills residents and provide the requested information outlined below. Families who have been adopted for two consecutive years may not be placed in the top priority category. Acceptance is not based solely on income as special circumstances will be considered.

Application Process

Each family must complete their application and submit the required paperwork. City staff will review the applications and select the families that qualify. Families will be notified by email about the status of their application.

- How: Fill out an application including all required documents listed below, and submit to the Recreation Office at City Hall, 14000 City Center Drive.
- When: Deadline to apply is Tuesday, November 10, 2025.

Required Documents

- Adopt-A-Family application and Wish List.
- Proof of Chino Hills residency.
- · Most current tax return/birth certificates for each dependent.
- One of the following:
 - One-month paystubs.
 - Proof of any Public Assistance Programs you receive such as SSI, Medi-Cal, CalFresh, CalWorks, etc. (if applicable).

Important Notes

Wish lists provided by qualified families will be used as a guideline for donors. Donors will be asked to prioritize the listed needs of children under the age of 18, followed by any wish list requests. Additional gifts for adult family members, such as parents or adult children 18 years and older, are optional and not guaranteed. Donors are asked to provide 4-6 items per child. Please do not request large items such as game consoles or large electronics.

Personal information included in the application will not be provided to donors.

For questions regarding the Adopt-A-Family program, please contact the Program Coordinator at jpatino@chinohills.org or (909) 364-2700.



ADOPT-A-FAMILY Holiday Program Application 2025

DATE RCV:	
STAFF NAME:	

Office Use Only

APPLICANT & FAMILY INFORMATION (F	(please print neatly or type)	
Family Last Name:	Applicant Name:	
Address:		
☐ Proof of Residency: Attach a copy of a utility bill (v☐ Copy of ID	(water, electricity, gas), valid state issued ID, OR rental agreement	
Best Contact: ()	Alt. Contact: ()	
Email:		
Have you participated in the Adopt-A-Family program	in the past (circle one)? YES NO If yes, when?	
Please give a brief statement of why your family shoul	ald be considered for the program:	
NCOME INFORMATION		
Household Size (number in household): Adults:	Children (under 18):	
Please mark and submit copies of all that apply:		
☐ Most current tax return		
☐ Dependents birth certificates		
•		
□ One of the following:		
•		

Submit completed application to the City Hall Recreation Office, 14000 City Center Drive.

letter, CalFresh – current Notice of Action letter

DEADLINE: NOVEMBER 10, 2025

FREQUENTLY ASKED QUESTIONS

1. Who is eligible?

Any **City of Chino Hills family in need**. Eligibility is based upon a combination of your family size, household annual gross income, and current family situation. Families are defined as parent(s) / guardian(s) and dependents all living at the same address. We ask for income documentation to determine if the family meets Housing and Urban Development (HUD) federal income limits. Acceptance into the program is not based solely on income as special circumstances will be considered.

2. Can I apply for the program for my grandchild, niece, nephew, or other relative?

To apply for this program, you must be the parent or legal guardian of the child(ren) participating.

3. What additional information is required to submit an application?

The completed application with proof of income and residency along with the completed wish list for the family. All information on the application must be completed. If a question does not apply, please write "not applicable" or N/A.

4. How will I know if I am accepted?

You will be notified no later than the week of November 17 via email. An email will be sent to the email address listed on the application notifying you whether or not you have been accepted into the program.

5. I was an Adopt-A-Family participant last year, am I eligible to re-apply?

Yes, you may apply every year. New applicants, or applicants who have never been accepted into the program are granted priority.

6. What if I haven't done this year's current tax return?

The previous year's tax return may be be used.





Family Last Name:	

This Wish List will be used as a guideline for donors. Donors are asked to prioritize the listed needs of children under the age of 18, followed by any wish list requests. Please fill out the information below for each person in the household, starting with children under 18 years old. List items that they need, such as clothing or school supplies, then list a few special wish list items. Please note additional gifts for adult family members, such as parents or adult children 18 years and older, are optional and not guaranteed. Donors are asked to provide 4-6 items per child. Please do not request large items such as game consoles or large electronics. **Submit this form with your application.**

Number of Adults in Household:	Number of Childr	en (under 18 years) i	n Household:
amily's Favorite Grocery Store:			
amily Wish List (something the whole fami	ily needs and/or can us	e):	
NAME:	AGE:	□ MALE	□ FEMALE
CLOTHING SIZES (please indicate if youth	or adult sizes)		
(product management in) com-	101 44011 31263)		
	-	e Size:	Coat Size:
Shirt Size: Pant Size: _	-	e Size:	Coat Size:
Shirt Size: Pant Size: FAVORITES Favorite Color(s):	Show		Coat Size:
Shirt Size: Pant Size: FAVORITES	Shoo	re/Brand:	
Shirt Size: Pant Size: FAVORITES Favorite Color(s):	Shoots Favorite Sto	ore/Brand: s Team/Band:	
Shirt Size: Pant Size: _ FAVORITES Favorite Color(s): Favorite Food/ Restaurant:	Shoots Favorite Sto	ore/Brand: s Team/Band:	





Family Last Name: _____

NAME:	AGE:	□ MALE	□ FEMALE
CLOTHING SIZES (please indicate if youth or	adult sizes)		
Shirt Size: Pant Size:	Shoe	Size:	Coat Size:
<u>FAVORITES</u>			
Favorite Color(s):	Favorite Store	e/Brand:	
Favorite Food/ Restaurant:	Favorite Sports Te	am/Band:	
List any other favorites:			
WISH LIST ITEMS:			
NAME:	AGE:	□ MALE	□ FEMALE
NAME: <u>CLOTHING SIZES</u> (please indicate if youth or		□ MALE	□ FEMALE
CLOTHING SIZES (please indicate if youth or	adult sizes)		□ FEMALE Coat Size:
CLOTHING SIZES (please indicate if youth or	adult sizes)		
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size:	radult sizes) Shoe	Size:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES	r adult sizes) Shoe Favorite Store	Size: e/Brand:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES Favorite Color(s):	r adult sizes) Shoe Favorite Store Favorite Sport	Size: e/Brand: s Team/Band:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES Favorite Color(s): Favorite Food/Restaurant:	r adult sizes) Shoe Favorite Store Favorite Sport	Size: e/Brand: s Team/Band:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES Favorite Color(s): Favorite Food/Restaurant: List any other favorites:	r adult sizes) Shoe Favorite Store Favorite Sport	Size: e/Brand: s Team/Band:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES Favorite Color(s): Favorite Food/Restaurant: List any other favorites:	r adult sizes) Shoe Favorite Store Favorite Sport	Size: e/Brand: s Team/Band:	Coat Size:
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size: FAVORITES Favorite Color(s): Favorite Food/Restaurant: List any other favorites:	r adult sizes) Shoe Favorite Store Favorite Sport	Size: e/Brand: s Team/Band:	Coat Size:





Family Last Name: _____

NAME:	AGE:	□ MALE	□ FEMALE
CLOTHING SIZES (please indicate if youth or	adult sizes)		
Shirt Size: Pant Size:	Shoe Si	ze:	Coat Size:
<u>FAVORITES</u>			
Favorite Color(s):	Favorite Store/	/Brand:	
Favorite Food/ Restaurant:	Favorite Sports Te	am/Band:	
List any other favorites:			
WISH LIST ITEMS:			
NAME:	AGE:	□ MALE	□ FEMALE
NAME: CLOTHING SIZES (please indicate if youth or		□ MALE	□ FEMALE
CLOTHING SIZES (please indicate if youth or			
CLOTHING SIZES (please indicate if youth or	adult sizes)		
CLOTHING SIZES (please indicate if youth or Shirt Size: Pant Size:	adult sizes) Shoe Si	ze:	Coat Size:
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