



Family Adoption Information

Date _____

PO Box 305
Marysville, OH 43040
937-738-7946
www.caretrain.org
ctadopt@rrohio.com

Group Requesting Names: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Best Time to Contact: _____

*****Standard Policy is for Children 13 years and Under*****

Will you provide for other teens? Y____ N____

Number of children you wish to adopt? _____

Person/ Group will provide:

Toys Only: _____ Food Only: _____ Toys & Food: _____

Will person/group deliver to families? Y____ N____

(Deliver to family's week of December 18th)

Would you like Care Train to deliver? Y____ N____

(Deliver to Care Train week of December 11th)

Internal Use

Family or Children ID: _____

Lists to Adopters: _____