



Family Adoption Information

Date: _____ - _____ - 2019

PO Box 432
Marysville, OH 43040
937-303-9453
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*******

Number of children you wish to adopt? _____ (will try to provide children of same family)

Person/ Group will provide Check one:

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

Will person/group deliver to families? Y _____ N _____
(Deliver to family's week of December 16th)

OR

Would you like Care Train to deliver? Y _____ N _____
(Deliver to Care Train week of December 16th)

Internal Use
Family or Children ID: _____
Lists to Adopters: _____