

Asheville Homeless Network

Adopt-A-Homeless-Person Program

Partner Form

NOTE: If you have multiple members willing to participate, please fill out a form for each. This program is a one-on-one relationship - each person (partner) willing to participate will be matched with a person who is homeless.

Name of Organization or Faith Community: _____

Address and Phone: _____

Individual's Name Providing Service (Partner): _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information: _____

Why would you like to be involved in the Adopt-A-Homeless-Person program? _____

What do you like to do? What is fun for you? Do you have hobbies/interests? What brings you joy or sorrow? _____

I am willing to participate with AHN in becoming informed about the homelessness issue. Y N

In what ways are you available to offer support to the person that you are matched with?

- | | |
|--|--|
| ? Telephone access | ? Contact phone number for job offers |
| ? Transportation to job interviews | ? Transportation to medical appointments |
| ? Monthly Bus Pass or Tickets | ? Housing |
| ? Help with "interview" attire | ? Help with finding housing |
| ? Laundry facilities | ? Shower or bath facilities |
| ? Support/Education in budgeting, housekeeping, cooking, conflict resolution, etc. | |
| ? Other: _____ | |

Do you have access to health professionals? (available organization member is doctor, nurse, paramedic, dentist, etc.) Y N If yes, would they be willing to treat someone for free or low cost if needed? Y N

For how long would you be able to provide these services for an individual?

? 1 month ? 3 months ? 6 months ? 12 months ? Other: _____

Note: This does not constitute an obligation, merely a preference – contact AHN if you need to end the relationship earlier.

Adoptee Preference: ? Male ? Female ? Couple ? Family with Children ? No preference

Is the person's religious background an issue for you? Y N

If yes, please state: _____

Is the person's sexual orientation an issue for you? Y N

If yes, please state: _____

What questions do you have about the program? _____

If you have housing or land you wish to make available to people who are currently homeless, please contact AHN at 254-7449.

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