

**Adopt-a-Resident AND/OR Adopt-an-Employee**

*The P.E.O. Home Board of Directors invites your chapter to consider  
**adopting a resident or employee** of the P.E.O. Home*



**Please read carefully and know these program guidelines:**

✿ **Residents and Employees are assigned for one year** after which chapters **must request again**—the new year will begin **July 1<sup>st</sup> annually** with a new resident or employee if you choose to participate. **You may request the same resident or employee from year to year but when participating in this program, it is not assumed you will be assigned the same person.** **NOTE:** Should the status of the resident or employee change, you will be notified.

✿ There are generally 15 – 20 residents and **30+ employees** who would appreciate having your love and support throughout the year. Some residents have few or only distant relatives.

✿ Your chapter should designate a sister(s) to contact your assigned resident or employee four times a year – birthday, holidays, special days, or “just because”. Beyond that is up to your chapter. Please know that it is very likely that more than one chapter will also be assigned the same resident or employee.

✿ Suggested remembrances are: cards, notes or letters, a small gift, and/or a visit.

✿ **If you mail a larger envelope or package, be sure it is weighed at the Post Office so the chapter places the correct amount of postage on it. If ordering online, your package can be sent directly to The Nebraska P.E.O. Home.**



**Please complete and mail the form below by July 1, 2022:**

Rose Fetty, P.E.O. Home Board of Directors,  
421 North 16<sup>th</sup> Street, Beatrice, NE 68310-3115  
(Email address: rfetty89@yahoo.com)

Our Chapter will: (choose one or both) \_\_\_\_\_ adopt-a-resident **OR**  
\_\_\_\_\_ adopt-an-employee

**at the P.E.O. Home for a one-year commitment beginning July 1<sup>st</sup>**

Chapter Letters \_\_\_\_\_ City \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Address \_\_\_\_\_

Name of Requested Resident or Employee \_\_\_\_\_

**--Another resident or employee may be assigned if your request is not able to be honored.**

**--In the event of a resident or employee leaving the Home, you will be notified.**

Signature \_\_\_\_\_ Date \_\_\_\_\_