

## **ADOPTION ASSISTANCE GRANT APPLICATION**

### **ADOPTION ASSISTANCE INFORMATION**

Chosen Ministries exists to equip Christian families throughout the nation to adopt through a licensed child placing entity by offering financial assistance to those walking through the adoption process.

### **APPLICATION INSTRUCTIONS:**

Please review the eligibility requirements listed on Page 2. If you are unsure whether or not you meet the requirements, please inquire about eligibility before completing the application.

If you meet all the eligibility requirements listed, please print a copy of this application starting with Page 3. Fill out the application to the best of your ability, typing and/or writing in legible blue or black ink. Please attach a copy of a current family photo.

### **CONSIDERATION FOR THE CHOSEN MINISTRIES ADOPTION ASSISTANCE GRANT IS GIVEN TO:**

1. Christians in agreement with our Statement of Faith.

- We desire for children to be raised in Christ-centered homes; therefore, a primary consideration of our application review is the Christian faith of the parents.

Applicants must provide a signed personal statement of faith and a reference letter from their lead or associate pastor.

- Applicants must indicate agreement to our Statement of Faith, which can be found at <https://www.chosenministries.com/statement-of-faith>.

- Applicants will also be asked to provide letters from two personal references.

2. Those working with a licensed 501(c)3 child-placing agency.

- Applicants are responsible for providing proof of working with a licensed child placing agency that is an accredited 501(c)3 non-profit for their match/referral by attaching a copy of their placement agency's license.

3. Those who have completed or are in the process of completing their home study.

- Applicants will be responsible for providing proof of working with a licensed adoption agent/agency for their home study by attaching

1) a statement-of-completion from the examining agency on company letterhead

2) a copy of the agency's license. (Please DO NOT submit your full home study.)

4. Those who have invested their own time and money into the adoption process and who still may not otherwise be able to afford the adoption.

- Applicants will be responsible for providing a completed CM Financial Assessment Sheet (Page 10-12) and a copy of the fee schedule from your child-placing agency (if applicable).

NOTE: This information will be kept confidential and used to determine eligibility for financial assistance.

5. Those who have completed the application in full. **Incomplete applications will not be reviewed. CM is not responsible for following up on incomplete applications.**

### **FUNDING AND DISBURSEMENT**

**Decisions determining approval and designated amount of financial assistance will be left to the sole discretion of the CM Officers and Board of Directors. Any disbursements made shall be paid directly to the child placing agency or other direct expense related costs once a match/referral has been made. Please ensure that the child-placing agency information you provide is correctly listed, as that is where funding will be mailed.**

NAME OF GRANT APPLICANTS: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**Please attach a current family photo here or attach a family photo to your email when submitting your application.**

**INFORMATION OF ADOPTING PARENT(S)**

Street Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

number of years married to current spouse \_\_\_\_\_ yrs

**APPLICANT 1:**

Full Name \_\_\_\_\_

Age \_\_\_\_\_

Primary: Phone \_\_\_\_\_

Email \_\_\_\_\_

Time in current home \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**APPLICANT 2:**

Full Name \_\_\_\_\_

Age \_\_\_\_\_

Primary: Phone \_\_\_\_\_

Email \_\_\_\_\_

Time in current home \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

How did you hear about the CM Adoption Assistance Grant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN INFORMATION**

I/We do not currently have children.

Name of Child 1 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 2 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 3 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 4 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 5 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 6 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

Name of Child 7 \_\_\_\_\_

Age \_\_\_\_\_

This child is:  Biological  Adopted

For more than 7 children, please include them in the space provided below/on an additional sheet.

**FAITH INFORMATION**

Name of Church: \_\_\_\_\_

Church Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Church Website: \_\_\_\_\_

Years of Attendance at this Church: \_\_\_\_\_

**STATEMENT OF FAITH**

Please visit [chosenministries.com/statementoffaith](http://chosenministries.com/statementoffaith) and sign below to indicate that you have read and agree to our Statement of Faith.

\_\_\_\_\_

Applicant 1 Signature

Applicant 2 Signature

**PERSONAL STATEMENT**

CM requires a typed personal statement from each applicant. Your typed statements should include:

- A brief testimony of your faith
- Your reasons and journey toward the decision to adopt
- Any impact your decision to adopt has had on your life
- How receiving a grant will impact you and your family

Attach your statements after this page of the application with handwritten signatures and dates signed at the bottom of each.

**PASTORAL REFERENCE**

Please request a typed reference letter from your lead or associate pastor on church letterhead with his/her signature answering the following questions:

1. How have you seen the applicants’ relationship with Christ expressed in their church involvement and relationships?
2. Explain why you think the applicants should be awarded financial assistance for their adoption.

Pastors may provide their reference letter in the following ways:

1. Provide you with a hardcopy of the typed reference letter on church letterhead with his/her signature to be included with the application and attached after this page.
2. Email the reference letter on church letterhead with his/her signature directly to info@chosenministries.com with subject line: “Grant Reference – Applicants’ First and Last Names.” **References need not carbon copy (cc) the couple applying for assistance.**

Pastor’s Full Name: \_\_\_\_\_

May We Contact Your Pastor?  Yes  No

Pastor’s Phone Number: \_\_\_\_\_

Pastor’s Email Address: \_\_\_\_\_

My pastor’s reference letter:  Is included in Application  Has Been Emailed to CM

**PERSONAL REFERENCES**

Please request a typed letter from two personal references\* answering the following questions:

1. How do you see these applicants living out the gospel in their daily lives?
2. Explain why you think these applicants should be awarded financial assistance for their adoption.

\*Please note that we strongly recommend references from non-family members.

References may provide their letters in the following ways:

1. Provide you with a hardcopy of their typed reference letter with handwritten signature to be included with the application and attached after this page.
2. Email the typed reference letter directly to info@chosenministries.com with subject line: "Grant Reference – Applicants' First and Last Names." **References need not carbon**

**copy (cc) the couple applying for assistance.**

**PERSONAL REFERENCE INFORMATION - Number #1**  Family Member  Friend

Reference's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years Applicant Has Known Reference \_\_\_\_\_ yrs

May We Contact Your Reference?  Yes  No

Reference Letter #1:  Is included in Application  Has Been Emailed to CFLM

**PERSONAL REFERENCE INFORMATION - Number #2**  Family Member  Friend

Reference's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Years Applicant Has Known Reference \_\_\_\_\_ yrs

May We Contact Your Reference?  Yes  No

Reference Letter #1:  Is included in Application  Has Been Emailed to CFLM

**HOME STUDY AGENT/AGENCY INFORMATION**

Is this Agency Licensed?  Yes  No (if no, please inquire about eligibility before applying)

Name of Agent/Agency: \_\_\_\_\_

Name of Agent/Agency Contact: \_\_\_\_\_

Address of Agent/Agency: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Home Study Date of Completion (mm/yy):** \_\_\_\_\_

Is your Home Study Agent/Agency the same as your Placement Agency?  Yes  No

**PROOF OF HOME STUDY COMPLETION**

Please have your agency provide a statement-of-completion for your approved home study on company letterhead. (NOTE: Please do NOT include a copy of your full home study.) Your agency may email this directly to [info@chosenministries.com](mailto:info@chosenministries.com).

**ADOPTION PLACEMENT AGENCY INFORMATION (if different from Home Study Agency)**

Name of Agent/Agency: \_\_\_\_\_

Name of Agent/Agency Contact: \_\_\_\_\_

Address of Agent/Agency: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**\*PROOF OF LICENSED AGENT/AGENCY**

Please attach a copy of both your home study agency and child-placing agency's licenses.

Briefly share your reason for choosing your placing agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OTHER ADOPTION INFORMATION**

Have you received an Adoption Assistance Grant from CM in the past?  Yes  No

Did you use or are you currently using a paid consultant/facilitator?  Yes  No

If yes, provide facilitator's name: \_\_\_\_\_

**(Please note: CM cannot provide financial assistance toward any consultant/facilitator expenses.)**

Have you already been matched through your child-placing agency?  Yes  No

If "Yes," have you been matched with:

An older child

A child with special needs

More than one child? (# \_\_\_\_\_ )

What country are you adopting from?

\_\_\_\_\_

What is your interest in that particular country? Please explain in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done to prepare for your adoption? (What courses have you taken? What books have you read? What resources do you have available to you once you complete your adoption?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Net Worth and Financial Statement

<u>ASSETS</u>	<u>DOLLARS</u>	<u>LIABILITIES</u>	<u>DOLLARS</u>
<b>CASH</b>		Notes/Accounts payable to:	
Cash on Hand:		Real Estate Indebtedness:	
Cash in Savings Account (s):		Auto Loan Balances:	
<b>SCHEDULE B (form below)</b>		Student Loan Balances:	
Investment Accounts		Credit Card Balances:	
Retirement Accounts		Contracts Payable (to Whom):	
Notes receivable		Business Indebtedness:	
Cash Surrender Value-Life Insurance:		Taxes Payable:	
<b>HARD ASSETS</b>		Other Liabilities (describe):	
Primary Residence			
Other Real Estate			
Auto(s)			
Household Furnishings			
Other Assets (describe):			
<b>TOTAL ASSETS:</b>		<b>TOTAL LIABILITIES:</b>	

<u>ANNUAL INCOME</u>	<u>DOLLARS</u>	<u>LIVING EXPENSES</u>	<u>DOLLARS</u>
Salary:		Mortgage/Rental:	
Securities Income:		Home Insurance Premiums:	
Other (describe):		Property Taxes:	
		Auto Payments inc. Insurance:	
		Meals, Entertainment & Travel:	
		Household Expenses	
		Other (describe):	
<b>TOTAL INCOME:</b>		<b>TOTAL LIVING EXPENSES:</b>	

**Net Worth: (Assets - Liabilities)**

### SCHEDULE B: REAL ESTATE AND/OR NOTES RECIEVABLE

<u>Location and Type of Improvement</u>	<u>Title in Name of (Person)</u>	<u>Amount Owning   Estimated Value</u>	<u>To Whom Payable</u>

<u>Financial Institution</u>	<u>Description</u>	<u>Current Market Value:</u>	<u>Estimated Value</u>
			\$

### ADOPTION EXPENSES & FUNDING SOURCES

<u>Adoption Expense</u>	<u>Dollars</u>	<u>Fund Raising or Grants</u>	<u>Dollars</u>
Agency Fees   Visas		Grants Awarded	
Home Study Fees   Overseas Fees		Amount Funds Received	
Facilitator Fees   Travel Costs		Funds Used	
Birth Mother Expenses		Matching Grant	
Attorney Fees   Foreign Program Fees		Friends & Family	
INS Fees Child's Medical Exam		Corporate Match Programs	
Notarization/Authentication Fees			
In-Country Fees:		<b>Total Funds Received</b>	
Orphanage Fees			
Other (describe):		<b>Funds &amp; Grants In Process:</b>	
		Grants/Funds	
		Additional Fundraising (describe):	
<b>Total Adoption Expenses:</b>		<b>Total Funds In Process:</b>	

## **APPLICATION CHECKLIST**

Using the checklist below, please ensure that all information has been included or attached as directed and in the following order. CM is not responsible for incomplete applications.

\*These items will need to be attached to your application.

- Page 3 of Application (Application Cover Page - Name, Date, Family Photo)
- Page 4 of Application (Parents' Information)
- Page 5 of Application (Children Information)
- Page 6 of Application (Faith Information – Church)
- \*Typed Statements of Faith of both parents, with handwritten signatures and dates at bottom
- Page 7 of Application (Pastoral Reference Information)
- \*Pastor's Reference Letter on letterhead with signature (if not emailed directly to CM)
- Page 8 of Application (Personal Reference Information)
- \*Personal Reference Letter #1 (if not emailed directly to CM)
- \*Personal Reference Letter #2 (if not emailed directly to CM)
- Page 9 of Application (Agency Information)
- \*Statement-of-completion from home study agency on letterhead (do NOT include full home study)
- \*Copy of license for home study agency on agency letterhead
- \*Copy of license for placement agency (if different from home study agency)
- Page 10 of Application (Other Adoption Information)
- Page 11 of Application (Financial Assessment)
- \*Copy of most recent Paystub & W2
- \*Copy of Adoption Expense Fee Schedule
- \*Document detailing fees paid to consultant/facilitator (if applicable)

## **APPLICATION COMPLETION**

Thank you for completing our grant application! You may submit your completed application as instructed below.

Scan and email a copy to: [info@chosenministries.com](mailto:info@chosenministries.com). Subject: "Grant Application: First and Last Names" Please send the ENTIRE application as one attachment (separate emails may be sent for references and agency documentation).

You will receive notification when we receive your application. After the conclusion of this grant cycle, all applicants will be notified of the decision of the Grant Review Committee. We will be praying with and for you as you continue on your adoption journey