**A Child Waits Foundation**

**Domestic Adoption Grant Program**

1136 Barker Road, #12

Pittsfield, MA 01201

Phone: 866-999-2445 Fax: 518-794-6243

Email: [cnelson@achildwaits.org](https://webmail.networksolutionsemail.com/edgedesk/cgi-bin/compose.exe?id=0103c690290037ba9edfc922963269190a15&new=&xsl=compose.xsl&to=cnelson@achildwaits.org) Web: [www.achildwaits.org](http://www.achildwaits.org/)

**Grant Application Instructions**

* A Child Waits Foundation accepts applications after a homestudy has been completed and prior to your adoption being finalized.
* The grant request should include: the six application forms, supporting documents and $20 application fee.
* Provide a cover letter that describes the path you took to pursue adoption, the stage you have reached in your adoption and any other pertinent information regarding your motivation to adopt. Include information about your fundraising efforts, donations, help from extended family, and other grants you have applied for or received.

**Agency Forms Instructions**

Request that your social worker and adoption agency or attorney send the required forms. These forms are contained in this document and can also be accessed by your adoption professionals directly from our site. Please remember, your application will not be considered complete without these forms.

**Child Information Instructions**

If you are adopting through a traditional newborn domestic program, you will most likely not have the child’s information at the time you apply. If you have not been matched or the baby has not been born, we will hold your grant application until the baby’s information is available.

**Application Submission**

We do not accept emailed or faxed applications. Mail completed application to:

**​**

|  |  |
| --- | --- |
| **USPS:** | **FedEx or UPS:** |
| A Child Waits Foundation | A Child Waits Foundation |
| PO Box 145 | 1221 State Route 20 |
| West Lebanon, NY 12195 | New Lebanon, NY 12125 |

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| --- |
| **A Child Waits Foundation Domestic Grant Application** |
| Phone: 866-999-2445 Fax: 518-794-6243 |
|  Email: cnelson@achildwaits.org Web: www.achildwaits.org |
|  |  |  |
| **Domestic Grant Program Documents Checklist** |
|  |  |  |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Please use this checklist to confirm you have included all necessary documents.  **If you haven't been matched you may still apply,** and we will wait to submit your application to the Board until after we receive the picture and medical of your child. |
|  |  |  |
| √ | **A Child Waits Forms** |
|   | Grant Application - Family/Adoption Information |
|   | Financial Statement |
|   | Monthly Budget Form |
|   | Adoption Expense Form |
|   | Grants, Fundraising and Donations Form |
|   | Consent Form |
|   |  |  |
|   | **Supporting Documents/Other** |
|   | Home study |
|   | Cover letter - See instructions to be sure your cover letter includes the requested information. |
|   | Most recent 1040 with attachments - include schedule C if business owner |
|   | Most recent copy of pay stub for all applicants |
|   | Picture & medical of child being adopted - **We can hold the application until this is available.** |
|   | Picture of current family |
|   | $20 application fee |
|   |  |  |
|  | **Agency or Attorney and Social Worker Forms** |
|  | **Please ask your adoption service providers to complete these forms.** |  |
|   | Placing agency or attorney |   |
|   | Home study social worker |   |
|  |  |  |
|  | **Mail application, cover letter, application fee & supporting documents to:** |  |
|  |  |  |
|  |  **USPS: FedEx or UPS:** |   |
|  |  A Child Waits Foundation A Child Waits Foundation |  |
|  |  PO Box 145 1221 State Route 20 |  |
|  |  West Lebanon, NY 12195 New Lebanon, NY 12125 |  |
|  |  |
| **A Child Waits Foundation - Domestic Grant Application** |
| **Family and Adoption Information** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Adoptive Parent 2** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ |  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ |  |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Yes \_\_\_\_\_ No\_\_\_\_\_ |  Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Yes \_\_\_\_\_ No\_\_\_\_\_ |  |
| Best # to be reached: Cell \_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_ |  Best # to be reached: Cell \_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Marital Status: Single \_\_\_ Married \_\_\_\_ Other \_\_\_\_\_ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Current Family Profile** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of Children: \_\_\_\_\_ Adopted: \_\_\_\_\_ Biological: \_\_\_\_\_ Foster: \_\_\_\_\_ Any children with special needs? Yes / No  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of Children living at home: \_\_\_\_\_\_\_\_ Name and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the child or children being adopted currently living in your home? Yes/No If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name and ages of any others residing in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Child and Travel Information** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is this an interstate adoption? Yes/No - If adoption related travel is required, please provide information below: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expected Travel Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Expected Length of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Family Members Traveling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Child to be Adopted** |
| Name | Age | Sex | Special Need |  |
|   |   |   |   |  |
|   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adoption Professionals Information** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home Study Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adoption Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attorney/Law Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Matching/Consulting Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| How did you hear about A Child Waits Foundation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  **A Child Waits Foundation Domestic Grant Application** |
|  **Financial Statement** |
|  |  |  |  |  |
|  **Adoptive Parent 1** |  |  **Adoptive Parent 2** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |   |  |  |
| **Projected Income for Current Year:** | **Projected Income for Current Year:** |
| Gross: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gross: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Net: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Yearly Income: \_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_ | Other Yearly Income: \_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_ |
| (Social security, disability, retirement, military,  |   |  (Social security, disability, retirement, military,  |
| foster care/adoption stipends, etc.) |   |  foster care/adoption stipends, etc.) |
|   |   |   |   |   |
|  |  |  |  |  |
| **Joint Assets and Liability Information** |
|  |  |  |  |  |
| **Assets – What I Own:** | **Liabilities – What I Owe:** |
| Home (current market value) |   |   |  Mortgage on 1st Home |   |
| 2nd Home (current market value) |   |   |  Mortgage on 2nd Home |   |
| Total Savings & Checking |   |   |  Home Equity Loan/Credit |   |
| Stocks and Bonds |   |   |  Education Loans |   |
| 401K/Retirement Accounts |   |   |  Credit Cards |   |
| Other Assets (describe): |   |   |  Other Liabilities (describe): |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|  |  |   |  Total of Liabilities |   |
| Total of All I Own |   |   |  Total of All I Own |   |
|  |   |  Total of Liabilities |   |
|  |  |   |  Total Net Worth |   |
|   |   |   |   |   |
|  |  |  |  |  |
| Can you borrow from your retirement for this adoption? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Can you borrow against your home for this adoption? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_  |
|  |  |  |  |  |
| Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Will you receive any employer reimbursements before or after the adoption is complete? |  |
|  |  |  |  |  |
|  Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Before \_\_\_\_\_\_\_ After \_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **A Child Waits Foundation Domestic Grant Application** |
|  **Monthly Budget** |
|  |  |  |  |  |  |  |  |  |
| Name: |   |   |   |  | Date: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Monthly Take Home Pay - Income after Taxes:** |  |  |  |  |
|  | Adoptive Parent 1 |  |  |   |   |  |  |
|  | Adoptive Parent 2 |  |  |   |   |  |  |
|  | Child Support/Foster Care/Adoption Stipends |   |   |  |  |
|  | Bonus |  |  |  |   |   |  |  |
|  | Other (social security, disability, retirement, |   |   |  |  |
|  | military, etc.) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | 1. Total Monthly Income | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |
| **Monthly Household Expenses:** |  |  |  |  |  |  |
|  | Mortgage/Rent |  |  |  |   |   |  |  |
|  | Home Equity Loan |  |  |   |   |  |  |
|  | Utilities/Internet |  |  |   |   |  |  |
|  | Insurance (house, life, medical, etc.) |  |   |   |  |  |
|  | Groceries/Personal Care Items |  |   |   |  |  |
|  | Medical/Prescription Expenses |  |   |   |  |  |
|  | Clothing |  |  |  |   |   |  |  |
|  | Parent/Child Educational Expenses |  |   |   |  |  |
|  | Entertainment/Extracurricular Activities |  |   |   |  |  |
|  | Car Expenses/Auto Loan Payment |  |   |   |  |  |
|  | Other |  |  |  |   |   |  |  |
|  | Other |  |  |  |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | 2. Total Expenses |  | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |  |  |
| **Loans and Credit Cards - Exclude Expenses Already Listed Above:** |  |  |
|  |  |  |  |  |  |  |  |  |
| Name of Bank/Lender | Current Balance | Monthly Payment |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 3. Total Loans and Credit Cards | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Monthly Income (Enter amount from line 1) |  |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5. Grand Total of Monthly Expenses (Enter total of line 2 & 3) |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 6. Money Left After Paying Bills (Subtract line 5 from line 4) |  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **A Child Waits Foundation Domestic Grant Application** |
|  **Adoption Expenses** |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Expense** | **Total Cost** | **Amount Paid** |
|  Fees Paid to Agency |   |   |
|  Fees Paid to Attorney |   |   |
|  Fees Paid to Matching Service |   |   |   |   |   |
|  Home Study Agency/Updates and Preparation |   |   |
|  Birth Mother Expenses |   |   |
|  Birth Mother Attorney Fees |   |   |
|  Consultant Fees |   |   |   |   |   |
|  Adopted Child's Medical Exam/Medical Expenses |   |   |
|  Document Preparation Fees |   |   |   |   |   |
|  ICPC and/or Court Fees |   |   |   |   |   |
|  Post Placement Report Fees  |   |   |   |   |   |
|  Attorney Fees - Finalization |   |   |   |   |   |
|  Other - Please Explain: |   |   |   |   |   |
|  Other: |   |   |   |   |   |   |
|  Other: |   |   |   |   |   |   |
|  Other: |   |   |   |   |   |   |
|  Other: |   |   |   |   |   |   |
|  **Total Cost of Adoption:** |   | **Total Paid:** |
|   |   |   |   |   |   |   |
|  **Travel Expenses if Applicable:** |
|  Trip 1: Flight/Car Rental/Transportation/Gas |   |   |   |   |   |
|  Trip: 1 Food and Lodging |   |   |
|  Other: |   |   |   |
|  Other: |   |   |   |   |   |   |
|  Other: |   |   |
|   | **Total Cost for Travel:** |   | **Total Paid:** |

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| **A Child Waits Foundation Domestic Grant Application** |
|  Grants, Fundraising and Donations |
|  |  |  |  |  |  |  |
| What grants have you been awarded? Please list amounts and providers below. Please use back of form for additional information if necessary. |
|  |  |  |  |  |  |  |
| Grants Awarded | Amount | Funds Received | Funds Used | Matching Grant |
| 1 |   |  Yes No  |  Yes No |  Yes No |
| 2 |   |  Yes No  |  Yes No |  Yes No |
| 3 |   |  Yes No  |  Yes No |  Yes No |
| 4 |   |   |  Yes No  |  Yes No |  Yes No |
| 5 |   |  Yes No  |  Yes No |  Yes No |
|  |  |  |  |  |  |  |
| What other grants have you applied for that are still pending, resubmitted or denied? Please list where you applied and the status of application: |
|  |  |  |  |  |  |  |
| Grants Pending | Current Status |
| 1 |   |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
|  |  |  |  |  |  |  |
| If you have fundraised or plan to fundraise, please list all fundraisers below. Please indicate if the fundraiser has been completed and how much money has been raised. |
|  |  |  |  |  |  |  |
| Fundraising Type | Completed/ Planned | Amount Raised | Amount Projected |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| 6 |   |   |   |
| If you have received any donations from friends, family or church, please list below: |
|  |  |  |  |  |  |  |
| Name | Amount |  | Name | Amount |
| 1 |   |  | 6 |   |
| 2 |   |  | 7 |   |
| 3 |   |  | 8 |   |
| 4 |   |  | 9 |   |
| 5 |   |  | 10 |   |
|  |  |  |  |  |  |  |
| List any social media fundraising or crowdfunding sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Have you used loans or used credit cards to pay adoption costs?  |  |  |
|  | Yes:\_\_\_\_ No:\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |  |  |
| Factoring in all available funds, either received or projected what is your estimated remaining need:  |
|  |  |  |  |  |  | $\_\_\_\_\_\_\_\_\_\_\_\_ |

**A Child Waits Foundation Domestic Grant Application**

**Consent Form**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (adoptive parent) and I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (adoptive parent)

 please print name please print name

1. Give our adoption agency, attorney, or other adoption professionals permission to speak with and share verbal or written information pertaining to our adoption with A Child Waits Foundation.
2. Give A Child Waits staff and Board of Directors permission to contact me by phone, email or text regarding updates, clarification, and notification of grant application status.
3. Understand that any false or misleading answers on the application or subsequent documents will be grounds to decline approval or revoke a grant that has already been approved.
4. For the benefit of A Child Waits Foundation’s Board of Directors, if given a grant, we agree to provide our adoption summary and photographs once our adoption is complete.

Yes\_\_\_\_\_ No\_\_\_\_\_

1. Once the adoption process is complete, we give A Child Waits Foundation the right to use our adoption summary and/or photos and images of our family on their website, and/or printed material, with the purpose of helping other families who are adopting. Unless additional written permission is given, A Child Waits will not use names, city, state or other identifying information.

Yes\_\_\_\_\_ No\_\_\_\_\_

Signature Date

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

Adoptive Parent

Signature Date

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

Adoptive Parent

**Adoption Agency or Attorney Form**

**A Child Waits Foundation Domestic Grant Application**

1136 Barker Rd, Unit 12, Pittsfield, MA 01201

Phone: 866-999-2445 Fax: 518-794-6243

Email: deanna@achildwaits.org Web: [www.achildwaits.org](http://www.achildwaits.org)

A Child Waits Foundation provides grants to families to help with some of the financial barriers to adoption. Our programs are designed to help families who are able to pay a portion of the cost of the adoption but still need additional assistance. The family has given us written permission to request this information. Please mail, email or fax this form to the Foundation using the information provided above.

Adoptive Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Parent’s Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

**Financial Information**

Total cost of adoption including travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount paid to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the family has been awarded other grants, please provide the information below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Granting Source | Grant Amount | Paid | Granting Source | Grant Amount | Paid |
| 1. |  |  | 4. |  |  |
| 2. |  |  | 5. |  |  |
| 3. |  |  | 6. |  |  |

Will the agency reimburse the family if the amount received in grants exceeds the fees that need to be paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the family using a crowdfunding platform such as GoFundMe? If yes, which platforms are they using?

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

How will a grant impact the family and their adoption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If known, please provide information about the child being adopted and any medical concerns.

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

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

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you for taking the time to complete this form. If you would like us to send your agency some brochures about our grant and loan programs, please provide your name and mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Study Agency - Social Worker Form**

**A Child Waits Foundation Domestic Grant Application**

1136 Barker Rd, Unit 12, Pittsfield, MA 01201

Phone: 866-999-2445 Fax: 518-794-6243

Email: deanna@achildwaits.org Web: [www.achildwaits.org](http://www.achildwaits.org)

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Adoptive Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Parent’s Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Study Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

How long has the family been in the adoption process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

Did the family express concerns about affording this adoption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Will there be a future loss of income as a result of the adoption? For example, will there be a change in employment, additional daycare costs, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What is the cost for the homestudy and post placements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are the post placement report fees due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel this family demonstrates a financial need for a grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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