

Heart for the Fatherless
Adoptive Family Financial Assistance Application

For Office Use Only
Received _____
Approved _____
Agency 501c3 _____
Special Consideration _____
Check Sent _____

Submit application to:

Heart for the Fatherless
Jana Sheehan
34115 Cantera St
Kennewick, Wa 99338
(509) 554-9423

Grant Application

Child Account

I. Contact Information

Grant Application Date (today's date): _____

Full Name _____ Age _____

Spouse Full Name (if applicable) _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address(es) _____

Other General Information:

Date of Marriage (if applicable) _____

Ages of dependent children currently in your immediate family? _____

Are any current children adopted? _____ If yes, adoption date(s) and country _____

Age (or range) of child you are adopting _____ Do you plan on adopting a special needs child? _____

Are you adopting a sibling group? _____ If yes, how many? _____

Please tell us more about your child including any special considerations we should be aware of?

Employment Information (Income Information Requested Below)

Applicant's Employer _____ Position _____

Length of Employment _____ Does your employer have adoption benefits? _____

Spouse's Employer _____ Position _____

Length of Employment _____ Does your employer have adoption benefits? _____

II. Church Information and Personal Testimony

Name of Church _____ Denomination _____

Church Address 1: _____

Church website address _____ Sr. Pastor's Name _____

Does this church have an adoption ministry? _____ Do you belong to a small group? _____

Do you volunteer at this church? _____ If yes, please list activities _____

Who is God?

Who is Jesus Christ?

Who is the Holy Spirit?

How do you use God's Word (the Bible) in your daily life?

Describe your daily walk with God:

What is eternal salvation? How do you become saved?

How has God led you to adopt?

III. Financial Information (skip for Child Account)

Applicant's total earnings (wages, salaries, tips, etc.) in the last year? _____

Spouse's earnings (wages, salaries, tips, etc.) in the last year? _____

Most current combined Adjusted Gross Income from tax return _____

Applicant and spouse total current balance of cash, savings, and checking accounts

Applicant and spouse net worth (net worth = current value of assets less debt owed)

What is the fair market value of your home? _____ What is your home equity? _____

What is the net worth of your deferred assets (retirement, IRA's, etc.)? _____

What is the net worth of your non-deferred assets (cash, bonds, stocks, etc.)? _____

What is the net worth of your (and spouse's) current business and/or investment farms? _____

Approximate consumer debt (credit card, car/boat loans, etc.) do you carry monthly? _____

How much do you give annually to non-profit organizations? _____

Comments/Special financial circumstances to be considered: _____

Expenses

Agency Fees	\$ _____	
Child's Medical Exam	\$ _____	
Foreign Program Fee	\$ _____	
Home Study	\$ _____	
In-Country Fees	\$ _____	
INS Fees	\$ _____	
Notarization/Authentication	\$ _____	
Orphanage Fees	\$ _____	
Lawyer Fees	\$ _____	
Translation Fees	\$ _____	
Travel First Trip	\$ _____	
Travel Second Trip	\$ _____	
Visas	\$ _____	
Travel Third Trip	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Total Adoption Cost		\$ _____

Available Resources to Cover Adoption Costs

Personal Funds (savings, etc.)	\$ _____	
Employer Benefit (if available)	\$ _____	
Personal Fundraising	\$ _____	
Donations	\$ _____	
Grants/Loans Received:		
Name: _____	\$ _____	
Name: _____	\$ _____	
Name: _____	\$ _____	
Other: _____	\$ _____	
Total Estimated Resources		\$ _____
Deficit (Total Resources-Total Cost)		\$ _____

What types of things have you done with your family budget or assets in order to save money for adoption costs?

What types of fundraisers have you tried? Where they successful?

How many places have you submitted grant application to? Have you been accepted, denied or waiting for approval still?

IV. Agency and Adoptee Information

Are you adopting through an official 501(c)(3) placement agency? _____ Please give number:

Date home study was satisfactorily completed _____ Date dossier was completed _____

Adoption Agency Name _____

Agency Address _____

Agency City _____ Agency State _____ Agency Zip Code _____

Agency Phone _____

Caseworker's Name _____ Caseworker's Business Phone _____

Caseworker e-mail address _____

We realize that you may not yet have answers to the following questions. If you do not yet know an answer, simply leave the field blank--this will not impact your application. However, we ask that you do fill in the final box below to provide us with some information about your inspiration for adopting.

Adoptee's First Name _____

Adoptee's Last Name _____

Adoptee's Birthdate _____

Adoptee's Country of Origin _____

Expected Placement Date _____

Additional Information:

Are there any additional needs/special considerations? _____

Do you have an adoption support group? _____