

ADOPTION ASSISTANCE GRANT APPLICATION

The mission of Chosen for Life Ministries (CFLM) is to educate and equip churches and communities to demonstrate how their adoption in Christ compels us to love and care for orphans.

ADOPTION ASSISTANCE INFORMATION

God's gift of adoption gives us the right to be called children of God and teaches us to be joyful, merciful, loving, accepting, and supportive advocates of orphaned, vulnerable, and adopted children. CFLM strives to equip Christian families throughout the state of Georgia to adopt children internationally, domestically, or through foster care by offering financial assistance to those walking through the adoption process. For *eligible* applicants working through a licensed child-placing agency, financial assistance is typically offered starting at \$2,000. For *eligible* applicants pursuing private/independent adoptions, financial assistance is typically offered starting at \$1,000. For *eligible* applicants pursuing adoption through foster-care, financial assistance is typically offered starting at \$250.

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.

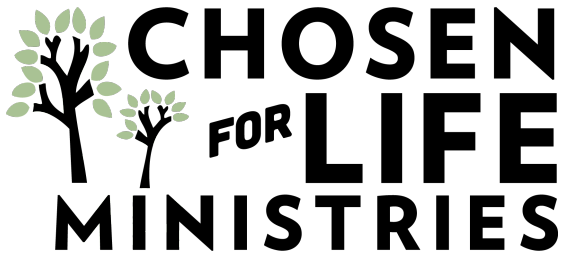
If you meet all the eligibility requirements listed, please print a copy of this application starting with Page 3. Fill out the application to the best of your ability, typing and/or writing in legible blue or black ink. We also request that a current family photograph be included with the application, taped in the designated space on Page 3, though this is not required.

CONSIDERATION FOR THE CFLM ADOPTION ASSISTANCE GRANT IS GIVEN TO:

1. Christian couples in the traditional sense of husband and wife marriage.
 - It is the desire of CFLM that children are raised in Christ-centered homes; therefore, the primary consideration of our application review is the Christian faith of the parents. Applicants must provide and sign a personal statement of faith and a reference letter from their lead or associate pastor.
 - Applicants will also be asked to provide letters from two personal references.
2. Those residing in the state of Georgia.*
 - *CFLM will consider a limited number of applicants who live outside the state of GA if they have lived in the state within the last 5 years. Please inquire about eligibility before completing an application.
3. Those working with a **licensed** child-placing agency.*
 - Applicants will be responsible for providing proof of working with a *licensed* child-placing agency for their match/referral by attaching a copy of their placement agency's license.*
 - *Some private/independent and foster care adoptions may be eligible. Please inquire about eligibility before completing the application.
 - Step-parent/relative adoptions are *not* eligible.
4. Those who have completed their home study through a **licensed** agency.
 - 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 and 2) a copy of the home study agency's license.
 - We ask that applicants refrain from submitting a copy of the entire home study.
5. 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 CFLM Financial Assessment Sheet and a copy of your fee schedule from your child-placing agency (if applicable). NOTE: This information will be kept confidential and used to determine eligibility for financial assistance.
6. Those who have completed the application in full. Incomplete applications will not be reviewed. CFLM 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 CFLM Officers and Board of Directors. To determine award amount, a specific formula has been created that is used universally for all who apply. Disbursement is made directly to the child-placing agency (or, in approved cases, the applicants' attorney) only 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:

If willing, please tape a current family photo here.

Please note that application sections marked with an asterisk (*) indicate a need for additional documentation to be attached to this application.

PARENTS' INFORMATION

Street Address _____

City/State/Zip _____

Number of Years Married to Current Spouse _____ yrs

HUSBAND:

Full Name _____ Age _____

Primary: Phone _____ Email _____

Number of Months/Years Lived in Georgia _____mos _____yrs

Number of Months/Years in Current Home _____mos _____yrs

WIFE:

Full Name _____ Age _____

Primary: Phone _____ Email _____

Number of Months/Years Lived in Georgia _____mos _____yrs

Number of Months/Years in Current Home _____mos _____yrs

How did you hear about the CFLM Adoption Assistance Grant?

CHILDREN INFORMATION

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 _____

Does Your Church Have an Orphan Care Ministry? Yes No

If so, which type(s): Adoption Foster Care General Orphan Care

***PERSONAL TESTIMONY OF FAITH**

CFLM requires a **typed** personal statement of faith from both the husband and wife. Please think carefully about this statement. 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

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 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@chosenforlifeministries.org 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 CFLM

***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.

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@chosenforlifeministries.org 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 #2: Is included in Application Has Been Emailed to CFLM

HOME STUDY AGENT/AGENCY INFORMATION

Is this Agent/Agency Licensed? Yes No *(if no, please inquire about eligibility before completing application)*

Name of Agent/Agency _____

Name of Agent/Agency Contact _____

Address of Agent/Agency _____

City/State/Zip _____

Phone Number of Agent/Agency Contact _____

Email Address of Agent/Agency Contact _____

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**

Written on letterhead from your licensed home study agent/agency, please provide a statement-of-completion for your approved home study. (NOTE: Please do NOT include a copy of your full home study.) Insert the statement-of-completion after this page of the application.

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

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

Name of Agency _____

Name of Agency Contact _____

Address of Agency _____

City/State/Zip _____

Phone Number of Agency Contact _____

Email Address of Agency Contact _____

***PROOF OF LICENSED AGENT/AGENCY**

Please attach a copy of **both** your home study agency and child-placing agency's licenses after your home study statement-of-completion. (If your child-placing agency completed your home study, only include one copy of its license.)

OTHER ADOPTION INFORMATION

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

If yes, provide facilitator's name _____

(Please note: CFLM cannot provide financial assistance toward any consultant/facilitator expenses. For more information on why CFLM discourages GA families from using adoption consultants/facilitators, please visit chosenforlifeministries.org/facilitators-summary.)

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? (# _____)

If "No," are you open to adopting (pending match):

- 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.

FINANCIAL ASSESSMENT

The information provided below is requested to help CFLM determine your need and will not be shared beyond the CFLM Officers and Board of Directors. Thank you for your trust!

EMPLOYMENT STATUS

Husband's Employer _____

Job Title _____

Approximate Annual Income _____

Supervisor's Full Name _____

Supervisor's Phone _____ Email _____

Number of Years Employed At Job _____ yrs

Employer's Address _____

City/State/Zip _____

Wife's Employer _____

Job Title _____

Approximate Annual Income _____

Supervisor's Full Name _____

Supervisor's Phone _____ Email _____

Number of Years Employed At Job _____ yrs

Employer's Address _____

City/State/Zip _____

***FINANCIAL ASSESSMENT (CONT'D)**

If you have a fee schedule for your adoption, please attach it after this page.

FEES

Estimated Total Adoption Expenses \$ _____

Remaining Balance of Adoption Expenses \$ _____

Balance excluding consulting/facilitator fees *(if applicable)* \$ _____

Personal Funds Used Toward Your Adoption \$ _____

Grants, Loans, or Gifts Received/Anticipated Toward Adoption \$ _____

Employer Adoption Benefits \$ _____

Church Assistance \$ _____

Other Financial Resources? Yes No

If yes, please explain in the space provided below.

GRANT DISBURSEMENT INFORMATION

If approved for a CFLM Adoption Assistance Grant, you will be notified of the amount by email. Once you inform us that a match/referral has been made, we will write a check directly to your child-placing agency (or, in some approved cases, your attorney) with your names on the memo line. Please ensure that the address information listed for your placement agency is correct, as that is where the check will be mailed. If you have any other specific instructions about how to mail this to your agency, please list them below:

APPLICATION CHECKLIST

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

- 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 CFLM)*
- Page 8 of Application (Personal Reference Information)
- *Personal Reference Letter #1 *(if not emailed directly to CFLM)*
- *Personal Reference Letter #2 *(if not emailed directly to CFLM)*
- Page 9 of Application (Agency Information)
- *Statement-of-completion from home study agency on agency letterhead *(do NOT include copy of 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 - Employment)
- Page 12 of Application (Financial Assessment Cont'd – Fees)
- *Copy of Adoption Expense Fee Schedule *(if available)*

APPLICATION COMPLETION

Thank you for investing time and effort into completing our grant application! You may submit your completed application in one of the following ways. We advise you use option 1 (scan/email) so as not to spend any money on this application that could otherwise go towards your adoption.

1. Scan and Email a copy to: info@chosenforlifeministries.org
Subject Line: "Grant Application: First and Last Names"
2. Drop off at / Mail to our office: *(Please retain a copy of your application in the event that the original is not received.)*
Chosen for Life Ministries
Attn: Grant Review Committee
1800 Hog Mountain Rd. Bldg 700-101
Watkinsville, GA 30677

You will receive notification when we receive your application and when it is submitted to our Grant Review Committee for final review. It is our desire to notify you by email of the decision within four weeks from the date it is submitted to our Grant Review Committee, though we appreciate your patience if more time is required. Thank you for your application for CFLM Adoption Assistance! We will be praying with and for you as you continue on your adoption journey.