

A Child Waits Foundation International 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

Adoption Information Form - Adoption Agency

A Child Waits Foundation provides grants to help families with some of the financial barriers to adoption. Our programs are designed for families who can pay a portion of their expenses but 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: _____ Date: _____

Name/Signature of Person Completing Form: _____ / _____ Phone: _____

Adoption Costs

Total cost of adoption including travel: _____ Total amount paid to date: _____

Has the family received agency help: grant/fee reduction/subsidy? Yes No Amount \$ _____

Have the funds been applied? Yes No To what fees? _____

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.		

What concerns did the family express about affording this adoption? _____

Is the family using a crowdfunding platform such as GoFundMe? If yes, which 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. _____

Travel Information

Who will travel: Mom: _____ Dad: _____ # of Siblings: _____ Other Family/Friends: _____

How many trips is the family required to take? _____

Approximate month/year when the family will make final trip to pick up child? _____

Additional Comments: _____

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

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Adoption Information Form – Home Study Agency Social Worker

A Child Waits Foundation provides grants to help families with some of their financial barriers to adoption. Our programs are designed to help families who are able to pay a portion of the adoption costs 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: _____

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: _____

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