

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 Web: 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:

A Child Waits Foundation
PO Box 145
West Lebanon, NY 12195

FedEx or UPS:

A Child Waits Foundation
1221 State Route 20
New Lebanon, NY 12125

A Child Waits Foundation Domestic Grant Application

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

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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:

A Child Waits Foundation
PO Box 145
West Lebanon, NY 12195

FedEx or UPS:

A Child Waits Foundation
1221 State Route 20
New Lebanon, NY 12125

A Child Waits Foundation - Domestic Grant Application

Family and Adoption Information

Adoptive Parent 1

Name: _____ Age: _____
 Email: _____
 Cell: _____ Text: Yes ___ No ___
 Best # to be reached: Cell _____ Home _____
 Address: _____
 Home Phone: _____

Adoptive Parent 2

Name: _____ Age: _____
 Email: _____
 Cell: _____ Text: Yes ___ No ___
 Best # to be reached: Cell _____ Home _____
 City, State, Zip: _____
 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

If child information is unknown, you may still apply and provide us with an update once you have been matched.

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? _____

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, foster care/adoption stipends, etc.)

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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 All I Own _____

Total of Liabilities _____

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: \$ _____

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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) \$ _____

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:

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	
		Yes	No	Yes	No	Yes	No
1							
2							
3							
4							
5							

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:

\$ _____

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

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 personally 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

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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: _____

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: _____
