

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

Adoption Information Form - Home Study Agency Social Worker

A Child Waits Foundation provides grants to families to help with some of their 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: _____

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: _____

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Adoption Information Form - Adoption Agency or Attorney

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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: _____
