

# Adoption Agency or Attorney Form

## A Child Waits Foundation Domestic Grant Application

1136 Barker Rd, Unit 12, Pittsfield, MA 01201

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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: \_\_\_\_\_

\_\_\_\_\_