A Child Waits Foundation

Domestic Adoption Grant Program

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 your homestudy has been completed and prior to your adoption being finalized.
- The grant request should include: the six application forms and supporting documents. We have provided a checklist for your convenience.
- Provide a cover letter that describes the path that led you to adoption, the stage you are at 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.
- Please call or email if you have any questions or need clarification on any part of our application forms or process.

Child Information Instructions

We accept applications for the adoption of all children and babies. If you have not been matched or the baby has not been born, you may still apply. Your grant application will be accepted without the child's information but will not be presented to our board until the child information is sent to our Foundation. It is not necessary to have a match or for the child to have been born to submit your application.

Application Submission

Email to: deanna@achildwaits.org
Or
Mail to: 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
Email: cnelson@achildwaits.org Web: www.achildwaits.org

Domestic Grant Program Documents Checklist

Family Name: _____ Date: _____

Please use this checklist to confirm you have included all necessary documents. You may apply without the child or baby's information if you haven't been matched or the baby hasn't been born. Please see instructions for more information.

√	**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 - please see instructions
	Most recent 1040 - include schedule C and attachments if business owner
	Most recent copy of pay stub for all applicants
	Picture & medical of child being adopted - **A Child Waits will hold your application until this is available.**
	Picture of current family

Submit application, cover letter and supporting documents to:

Email to: deanna@achildwaits.org

or

Mail to: 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

Name: _____

Occupation: _____

Employer: _____

Projected Income for Current Year:

Yearly Gross: _____ Net: _____

Other Yearly Income: _____ Source: _____

(Social security, disability, retirement, military, foster care/adoption stipends, etc.)

Adoptive Parent 2

Name: _____

Occupation: _____

Employer: _____

Projected Income for Current Year:

Yearly Gross: _____ Net: _____

Other Yearly Income: _____ Source: _____

(Social security, disability, retirement, military, foster care/adoption stipends, etc.)

Joint Assets and Liability Information

Assets – What I Own:

Home (current market value)	_____
2nd Home (current market value)	_____
Total Savings & Checking	_____
Stocks and Bonds	_____
401K/Retirement Accounts	_____
Other Assets (describe):	_____
_____	_____
_____	_____
_____	_____
Total of All I Own	_____

Liabilities – What I Owe:

Mortgage on 1st Home	_____
Mortgage on 2nd Home	_____
Home Equity Loan/Credit	_____
Education Loans	_____
Credit Cards	_____
Other Liabilities (describe):	_____
_____	_____
_____	_____
_____	_____
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: $_____

Child Waits Foundation Domestic Grant Application

Monthly Budget

Name: _____ Date: _____

Monthly Take Home Pay - Income after Taxes:

Income Parent 1 $ _____

Income Parent 2 $ _____

Other Forms of Income - Please List: $ _____

_____

1. Total Monthly Income _____

Monthly Household Expenses

Expense Type	Payment
Rent	
Utilities/Internet	
Insurance	
Groceries	
Personal Care/Clothing	
Entertainemnt/Activities	
Child Care/Education	
Medical Co-Pays/Meds.	
Other	

Monthly Loan Payments

Debt Type	Monthly Payment
Mortgage:	
Education Loans:	
Auto Loans:	
Home Equity Loan:	
Credit Cards:	
Adoption Loans:	
Other Debt:	
Other Debt:	
Other Debt:	

$

2. Total of all Monthly Expenses _____

3. Monthly Income (Enter amount from line 1) $ _____

4. Grand Total of Monthly Expenses (Enter total from line 2) $ _____

5. Money Left After Paying Bills (Subtract line 4 from line 3) $ _____

A Child Waits Foundation Domestic Grant Application

Adoption Expenses

Family Name: _____ Date: _____

Type of Expense	Total Cost	Amount Paid
Agency Fees		
Attorney Fees		
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 Reports		
Other - Please Explain:		
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:		
Total Cost for Travel:		**Total Paid:**

A Child Waits Foundation Domestic Grant Application

Grants, Fundraising and Donations

Please list organizations and amounts below and use the back of this form if necessary.

Family Name: _____ Date: _____

Grants Awarded

Foundation or Organization	Amount	Funds Received		Funds Used		Matching Grant	
1.	$	Yes	No	Yes	No	Yes	No
2.	$	Yes	No	Yes	No	Yes	No
3.	$	Yes	No	Yes	No	Yes	No
4.	$	Yes	No	Yes	No	Yes	No

Grants Pending/Not Awarded

Foundation or Organization	Current Status
1.	
2.	
3.	
4.	

Completed Fundraisers

Type of Fundraising Completed	Amount Raised	Funds Used	
1.	$	Yes	No
2.	$	Yes	No
3.	$	Yes	No
4.	$	Yes	No

Fundraisers - Planned or in Process

Type of Fundraising Planned	Planned or in Process	Amount Projected
1.		$
2.		$
3.		$
4.		$

Donations from Friends, Family or Church

Name	Amount	Name	Amount
1.	$	5.	$
2.	$	6.	$
3.	$	7.	$
4.	$	8.	$

Have all donations listed above been used? _____

List any social media, blogs, fundraising or crowdfunding sites: _____

Are you carrying any debt for this adoption? Yes: _____ No: _____ Type: _____ Amount: $_____

Will you receive any employer reimbursements for your adoption, before or after finalization? Yes _____ No _____

Whose Employer: _____ Before _____ After _____ Amount: $_____

A Child Waits Foundation Domestic Grant Application
Consent Form

I_____ (adoptive parent) and I _____ (adoptive parent)
please print name please print name

1. Give our adoption agency, attorney, or other adoption professionals permission to speak with and share verbal or written information pertaining to our adoption with A Child Waits Foundation.

2. Give A Child Waits staff and Board of Directors permission to contact me by phone, email or text regarding updates, clarification, and notification of grant application status.

3. Understand that any false or misleading answers on the application or subsequent documents will be grounds to decline approval or revoke a grant that has already been approved.

4. For the benefit of A Child Waits Foundation's Board of Directors, if given a grant, we agree to provide our adoption summary and photographs once our adoption is complete.

   Yes_____ No_____

5. Once the adoption process is complete, we give A Child Waits Foundation the right to use our adoption summary and/or photos and images of our family on their website, and/or printed material, with the purpose of helping other families who are adopting. Unless additional written permission is given, A Child Waits will not use names, city, state or other identifying information.

   Yes_____ No_____

Signature Date

_____ _____
Adoptive Parent

Signature Date

_____ _____
Adoptive Parent