

A Child Waits Foundation Grant Application

Family and Adoption Information

Adoptive Parent 1

Adoptive Parent 2

Name: _____ Age: _____

Name: _____ Age: _____

Email: _____

Email: _____

Cell: _____ Texting: Yes ___ No ___

Cell: _____ Texting: Yes ___ No ___

Best # to be reached: Cell _____ Home _____

Best # to be reached: Cell _____ Home _____

Home Address, City, State, Zip: _____

Home Phone: _____ Marital Status: Single ___ Married ___ Other _____

Social Media Sites/Adoption Blog: _____

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: _____

Name and ages of any others residing in household: _____

Adoption Process Information

Please complete information about all trips to the country.

Number of Required Trips: _____ Country: _____

Expected travel date trip 1: _____ Family members traveling trip 1: _____

Expected travel date trip 2: _____ Family members traveling trip 2: _____

Expected travel date trip 3: _____ Family members traveling trip 3: _____

Child to be Adopted

Name	Age	Sex	Special Need

Adoption/Agency Information

Adoption Agency Name: _____ Contact Person: _____

Address: _____ Phone: _____

Home Study Agency Name: _____ Contact Person: _____

Address: _____ Phone: _____

How did you hear about A Child Waits Foundation? _____