

A Child Waits Foundation 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

Social Worker Recommendation Form

A Child Waits Foundation provides grants and low-interest loans 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 need additional assistance. Please mail, email or fax this form to the Foundation using the information provided above.

Adoptive Parent's Name(s) and Phone Numbers: _____

Home Study Agency: _____ Date: _____

Name of Person Completing Form: _____ Phone: _____

What concerns did the family express about affording the adoption when they first started the adoption process? _____

Will a grant impact the family and their ability to complete their adoption? Yes No

Please explain. _____

On a scale of 1 - 10, 1 representing no need and 10 representing great need, how would you rate this family in comparison to other families for whom you have approved a home study? _____

Additional Comments: _____

Signature: _____

Date: _____

The family has given us written permission to request this information. Thank you for taking the time to complete this form. If you would like us to send your agency some information and brochures about our loan and grant program, please provide your name and mailing address: _____