

King Street Church

ADOPTIVE FAMILY FINANCIAL ASSISTANCE APPLICATION

I. GENERAL INFORMATION

Grant Application Date (today's date): _____

First Name _____ Last Name _____

Date of your partnership (membership) with King Street Church _____

Spouse's Name (if applicable) _____

Date of spouse's partnership (membership) with King Street Church _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Mobile Phone _____

Number of dependent children in your immediate family? _____

Is your adoption domestic or international? _____

Are you adopting through an official 501(c)(3) placement agency? Yes No (circle one)

Date home study was satisfactorily completed: _____

Have you completed your dossier (if international)? Yes No (circle one)

Have you adopted previously? Yes No (circle one)

II. EMPLOYMENT INFORMATION

Name of Employer _____ Position _____

Work Phone _____ Date Hired _____

Spouse's Employer (if applicable) _____ Position _____

Work Phone _____ Date Hired _____

Does either organization have adoption benefits? Yes No (circle one)

III. ADOPTION COSTS

Applicable Expenses

Agency Fees \$ _____

Child's Medical Exam \$ _____

Foreign Program Fee \$ _____

Home Study \$ _____

In-Country Fees \$ _____

INS Fees (*international adoptions only*) \$ _____

Notarization/Authentication \$ _____

Orphanage Fees \$ _____

Overseas Fees \$ _____

Translation Fees \$ _____

Travel First Trip \$ _____

Travel Second Trip \$ _____

Visas \$ _____

Other _____ \$ _____

Total Adoption Cost \$ _____

Available Resources to Cover Adoption Costs

Personal Funds (savings, etc.) \$ _____

Employer Benefit (if available) \$ _____

Other Grants/Loans Received:

Name _____ \$ _____

Name _____ \$ _____

Other source of funds (please specify) \$ _____

Total Estimated Resources \$ _____

Deficit \$ _____

(*Total Resources - Total Cost*)

Additional Grants/Loans Applied For:

Name _____ \$ _____

Name _____ \$ _____

IV. AGENCY INFORMATION

Adoption Agency Name _____

Agency Address _____

Agency City _____ Agency State _____ Agency Zip Code _____

Agency Phone _____

Caseworker's Name _____ Caseworker's Business Phone _____

Caseworker e-mail address _____

Expected Placement Date _____

V. ADDITIONAL INFORMATION

Are there any additional needs/special considerations? _____

What has inspired you to build your family through the miracle of adoption? _____

Continue on back as necessary.

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoptions. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of King Street Church that assistance will be granted or given.

Applicant Signature _____ Date _____

Spouse Signature (if applicable) _____ Date _____