



ADOPTION ASSISTANCE GRANT APPLICATION

The mission of Chosen for Life Ministries is to help churches, communities, and families care well for foster and adopted children.

ADOPTION ASSISTANCE INFORMATION

CFLM strives to equip Christian families throughout Georgia and the surrounding states to adopt by offering financial assistance to those walking through the adoption process. For *eligible* applicants working through a licensed child-placing agency, financial assistance is typically offered starting at \$2,000. For *eligible* applicants pursuing adoption through foster-care, financial assistance is typically offered starting at \$250.

APPLICATION INSTRUCTIONS

Please review the eligibility requirements listed on Page 2. If you are unsure whether or not you meet the requirements, please inquire about eligibility before completing the application.

If you meet all the eligibility requirements listed, please print a copy of this application starting with Page 3. Fill out the application to the best of your ability, typing and/or writing in legible blue or black ink. We also request that a current family photograph be included with the application, taped in the designated space on Page 3, though this is not required.

CONSIDERATION FOR THE CFLM ADOPTION ASSISTANCE GRANT IS GIVEN TO:

1. Christians in agreement with our Statement of Faith.
 - We desire for children to be raised in Christ-centered homes; therefore, a primary consideration of our application review is the Christian faith of the parent(s). Applicants must provide a signed personal statement of faith and a reference letter from their lead or associate pastor.
 - Applicants must indicate agreement to our Statement of Faith, which can be found at chosenforlifeministries.org/statementoffaith.
 - Applicants will also be asked to provide letters from two personal references.
2. Those residing in the state of Georgia or the surrounding states of Florida, Alabama, Tennessee, South Carolina, and North Carolina.
3. Those working with a **licensed 501(c)3** child-placing agency.
 - Applicants are responsible for providing proof of working with a *licensed* child-placing agency that is an accredited 501(c)3 non-profit for their match/referral by attaching a copy of their placement agency's license.
4. Those who have completed their home study through a **licensed** agency.
 - Applicants will be responsible for providing proof of working with a *licensed* adoption agent/agency for their home study by attaching
 - 1) a statement-of-completion from the examining agency on company letterhead
 - 2) a copy of the agency's license. (Please DO NOT submit your full home study.)
5. Those who have invested their own time and money into the adoption process and who still may not otherwise be able to afford the adoption.
 - Applicants will be responsible for providing a completed CFLM Financial Assessment Sheet and a copy of the fee schedule from your child-placing agency (if applicable).
NOTE: This information will be kept confidential and used to determine eligibility for financial assistance.
6. Those who have completed the application in full. **Incomplete applications will not be reviewed.** CFLM is not responsible for following up on incomplete applications.

FUNDING AND DISBURSEMENT

Decisions determining approval and designated amount of financial assistance will be left to the sole discretion of the CFLM Officers and Board of Directors. Disbursement is made directly to the child-placing agency once a match/referral has been made. Please ensure that the child-placing agency information you provide is correctly listed, as that is where funding will be mailed.



NAME OF GRANT APPLICANT(S): _____

DATE OF APPLICATION: _____

Please note that application sections marked with an asterisk (*) indicate a need for additional documentation to be attached to this application.

If willing, please attach a current family photo here or attach a family photo to your email when submitting your application.

INFORMATION OF ADOPTING PARENT(S)

Street Address: _____

City/County/State/Zip: _____

APPLICANT 1:

Full Name _____ . Age _____

Primary: Phone _____ Email _____

Employer _____

Job Title _____

Do you live in Georgia? _____ If so, how long have you lived here? _____

If married, number of years married to current spouse _____ yrs

APPLICANT 2:

Full Name _____ . Age _____

Primary: Phone _____ Email _____

Employer _____

Job Title _____

Do you live in Georgia? _____ If so, how long have you lived here? _____

Our committee prioritizes applicants with a connection to Georgia. If you do not currently live in Georgia, please let us know if you have some other connection to Georgia.

How did you hear about the CFLM Adoption Assistance Grant?

CHILDREN INFORMATION

I/We do not currently have children.

Name of Child 1 _____

Age _____

This child is: Biological Adopted

Name of Child 2 _____

Age _____

This child is: Biological Adopted

Name of Child 3 _____

Age _____

This child is: Biological Adopted

Name of Child 4 _____

Age _____

This child is: Biological Adopted

Name of Child 5 _____

Age _____

This child is: Biological Adopted

Name of Child 6 _____

Age _____

This child is: Biological Adopted

Name of Child 7 _____

Age _____

This child is: Biological Adopted

For more than 7 children, please include them in the space provided below/on an additional sheet.

FAITH INFORMATION

Name of Church: _____

Church Street Address: _____

City/State/Zip: _____

Church Phone Number: _____

Church Website: _____

Years of Attendance at this Church: _____

STATEMENT OF FAITH

Please visit chosenforlifeministries.org/statementoffaith and sign below to indicate that you have read and agree to our Statement of Faith.

Applicant 1 Signature

Applicant 2 Signature

PERSONAL STATEMENT

CFLM requires a **typed** personal statement from each applicant. Your typed statements should include:

- A brief testimony of your faith
- Your reasons and journey toward the decision to adopt
- Any impact your decision to adopt has had on your life
- How receiving a grant will impact you and your family

Attach your statements after this page of the application **with handwritten signatures and dates signed** at the bottom of each.

PASTORAL REFERENCE

Please request a **typed** reference letter from your lead or associate pastor on church letterhead with his/her signature answering the following questions:

1. How have you seen the applicants' relationship with Christ expressed in their church involvement and relationships?
2. Explain why you think the applicants should be awarded financial assistance for their adoption.

Pastors may provide their reference letter in the following ways:

1. Provide you with a hardcopy of the typed reference letter on church letterhead with his/her signature to be included with the application and attached after this page.
2. Email the reference letter on church letterhead with his/her signature directly to info@chosenforlifeministries.org with subject line: "Grant Reference - Applicants' First and Last Names." References need not carbon copy (cc) the couple applying for assistance.

Pastor's Full Name: _____

May We Contact Your Pastor? Yes No

Pastor's Phone Number: _____

Pastor's Email Address: _____

My pastor's reference letter: Is included in Application Has Been Emailed to CFLM

PERSONAL REFERENCES

Please request a **typed** letter from two personal references* answering the following questions:

1. How do you see these applicants living out the gospel in their daily lives?
2. Explain why you think these applicants should be awarded financial assistance for their adoption.

*Please note that we strongly recommend references from non-family members.

References may provide their letters in the following ways:

1. Provide you with a hardcopy of their typed reference letter with handwritten signature to be included with the application and attached after this page.
2. Email the typed reference letter directly to info@chosenforlifeministries.org with subject line: "Grant Reference – Applicants' First and Last Names." References need not carbon copy (cc) the couple applying for assistance.

PERSONAL REFERENCE INFORMATION - Number #1 Family Member Friend

Reference's Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Number of Years Applicant Has Known Reference _____ yrs

May We Contact Your Reference? Yes No

Reference Letter #1: Is included in Application Has Been Emailed to CFLM

PERSONAL REFERENCE INFORMATION - Number #2 Family Member Friend

Reference's Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Number of Years Applicant Has Known Reference _____ yrs

May We Contact Your Reference? Yes No

Reference Letter #1: Is included in Application Has Been Emailed to CFLM

HOME STUDY AGENT/AGENCY INFORMATION

Is this Agency Licensed? Yes No *(if no, please inquire about eligibility before applying)*

Name of Agent/Agency: _____

Name of Agent/Agency Contact: _____

Address of Agent/Agency: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Home Study Date of Completion (mm/yy): _____

Is your Home Study Agent/Agency the same as your Placement Agency? Yes No

PROOF OF HOME STUDY COMPLETION

Please have your agency provide a statement-of-completion for your approved home study on company letterhead. (NOTE: Please do NOT include a copy of your full home study.) **Your agency may email this directly to info@chosenforlifeministries.org.**

ADOPTION PLACEMENT AGENCY INFORMATION *(if different from Home Study Agency)*

Name of Agent/Agency: _____

Name of Agent/Agency Contact: _____

Address of Agent/Agency: _____

City/State/Zip: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

***PROOF OF LICENSED AGENT/AGENCY**

Please attach a copy of **both** your home study agency and child-placing agency's licenses.

Briefly share your reason for choosing your placing agency.

What have you done to prepare for your adoption? (What courses have you taken? What books have you read? What resources do you have available to you once you complete your adoption?)

Have you ever attended a CFLM Choosing to Care Conference?

No Yes Number of times _____

Have you ever attended a CFLM Learning to Care Workshop?

No Yes Number of times _____

Have you ever attended a Show Hope Empowered to Connect Simulcast?

No Yes Number of times _____

Have you ever volunteered as a CFLM Advocate or Care Team Volunteer?

No Yes

NET WORTH

Gross Salary/Wage	\$ _____
Investment Income	\$ _____
Other Income (write description)	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

Assets

Cash	\$ _____
Checking Accounts	\$ _____
Savings Accounts	\$ _____
Investment Accounts (other than retirement)	\$ _____
Life Insurance Cash Surrender Value (not death benefit)	\$ _____
Retirement Accounts	\$ _____
Value of Autos	\$ _____
Value of Home (if owned)	\$ _____
Approximate Value of Household Items	\$ _____
Value of other items you own not listed above	\$ _____
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

Liabilities

Home Mortgage Balance	\$ _____
Auto Loan Balances	\$ _____
Student Loan Balance	\$ _____
Credit Card Balances	\$ _____
Balances of Past Due Bills (excluding credit cards)	\$ _____
Any Other Amounts Owed (write description)	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

Net Worth

(Assets - Liabilities)	\$ _____
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ADOPTION EXPENSES & FUNDING SOURCES

Please provide your adoption expenses. If the expense does not apply to your adoption, simply leave it blank.

Agency Fees		Visas	
Home Study Fee		Overseas Fees	
Facilitator Fee		Travel Costs	
Birth Mother Expenses		Orphanage Fees	
Attorney Fees		Foreign Program Fee	
INS Fees		Child's Medical Exam	
Notarization/Authentication Fees		Other:	
In-country Fees		Other:	

Total Adoption Expenses: \$ _____

Please detail any fundraising or grant awards you have received thus far:

Grants Awarded	Amount	Funds Received		Funds Used		Matching Grant	
		Yes	No	Yes	No	Yes	No
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

Please list any grants that you have applied for, but have not yet received determination for:

1. _____
2. _____
3. _____

Please list any additional fundraising that you have planned or completed.

Fundraising Type	Completed/Planned	Amount Raised	Amount Projected
1.			
2.			
3.			

Total Fundraising to Date: \$ _____

Total Expected Personal Contribution: \$ _____

Total Need: \$ _____ (Total Adoption Expenses - Fundraising - Personal Contribution)

APPLICATION CHECKLIST

Using the checklist below, please ensure that **all** information has been included or attached as directed and in the following order. CFLM is not responsible for incomplete applications.

*These items will need to be attached to your application.

- Page 3 of Application (Application Cover Page - Name, Date, Family Photo)
- Page 4 of Application (Parents' Information)
- Page 5 of Application (Children Information)
- Page 6 of Application (Faith Information - Church)
- *Typed Statements of Faith of both parents, with handwritten signatures and dates at bottom
- Page 7 of Application (Pastoral Reference Information)
- *Pastor's Reference Letter on letterhead with signature (*if not emailed directly to CFLM*)
- Page 8 of Application (Personal Reference Information)
- *Personal Reference Letter #1 (*if not emailed directly to CFLM*)
- *Personal Reference Letter #2 (*if not emailed directly to CFLM*)
- Page 9 of Application (Agency Information)
- *Statement-of-completion from home study agency on letterhead (*do NOT include full home study*)
- *Copy of license for home study agency on agency letterhead
- *Copy of license for placement agency (*if different from home study agency*)
- Page 10 of Application (Other Adoption Information)
- Page 11 of Application (Financial Assessment)
- *Copy of most recent Paystub & W2
- *Copy of Adoption Expense Fee Schedule
- *Document detailing fees paid to consultant/facilitator (if applicable)

APPLICATION COMPLETION

Thank you for completing our grant application! You may submit your completed application in one of the following ways.

1. Scan and email a copy to: info@chosenforlifeministries.org Subject: "Grant Application: First and Last Names" **Please send the ENTIRE application as one attachment (separate emails may be sent for references and agency documentation).**
2. Drop off your application or mail* it to our office (*Please retain a copy in case the original is not received.*)

Chosen for Life Ministries
 Attn: Grant Review Committee
 1410 Greensboro Hwy, Ste A
 Watkinsville, GA 30677

You will receive notification when we receive your application. After the conclusion of this grant cycle, all applicants will be notified of the decision of the Grant Review Committee. We will be praying with and for you as you continue on your adoption journey.