



P.O. Box 367  
Greens Farms, CT 06838  
Email: info@adoptionhopfoundation.org  
Phone: (203) 354-4971

## ADOPTION HOPE FOUNDATION GRANT APPLICATION

*The Adoption Hope Foundation ("AHF") is a 501(c)(3) nonprofit organization that helps couples/individuals from the state of Connecticut (regardless of religion, gender, race, ethnicity, marital status, sexual orientation, age, family characteristics or any other legally protected class or income) with the cost of their adoption by awarding funds via a grant program. The Adoption Hope Foundation supports domestic, international and foster care adoptions. There is no fee for applicants to apply. All applicants are welcome, but due to limited funding, we cannot award grants to all qualified applicants.*



### **YOU MUST MEET THE FOLLOWING CRITERIA IN ORDER TO APPLY FOR A GRANT:**

- You must be a U.S. resident residing in the state of Connecticut or the adoption must be finalized in the state of Connecticut
  - You must have a valid home study

**Please fill out each question completely.** The following must be included with your application. ("Required Documentation")

- A photocopy of your valid home study from a licensed and accredited adoption agency
- A photocopy of your most recent tax return
- Typed personal statement
- A current family photo

Date: \_\_\_\_\_

### Applicant #1

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Gross Salary: \_\_\_\_\_ Net Salary: \_\_\_\_\_

Applicant #2

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employer Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Gross Salary: \_\_\_\_\_ Net Salary: \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Dependents:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Home Study Completion: \_\_\_\_\_

Have you ever adopted before? (if yes, when?) \_\_\_\_\_

Is anyone in your immediate family adopted, an adoptive parent or connected with adoption in any way? (If yes, please explain.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are adopting domestically, what state are you adopting from (if known)? \_\_\_\_\_

If you are adopting internationally, what country are you adopting from (if known)? \_\_\_\_\_

Number of children you are adopting? \_\_\_\_\_

Are you adopting a child with special needs? \_\_\_\_\_

Are you adopting a sibling group? \_\_\_\_\_

Have you been matched with a child(ren)? \_\_\_\_\_

Adoption Agency Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Case Worker Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Specify any special financial considerations or circumstances we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify the amount you are looking to receive from \$500 - \$15,000: \_\_\_\_\_

Are you applying for any other grants, loans or financial assistance? If yes, please explain and give amounts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if you have received any of the aforementioned grants. \_\_\_\_\_

How did you hear about the Adoption Hope Foundation? \_\_\_\_\_

**PERSONAL STATEMENT:** Please answer the questions below in a typed personal statement (limit 3000 words or less).

1. What has inspired you to build your family through adoption?
2. Are there any needs/special considerations you would like the grant selection committee to know about?
3. If applicable, please explain your experience with adoption.

**ADOPTION COSTS**

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**Applicable Expenses**

Agency Fees	\$ _____
Child's Medical Expenses	\$ _____
Foreign Program Fee	\$ _____
Home Study Fee	\$ _____
In-Country Fees	\$ _____
INS Fees (International adoptions only)	\$ _____
Notarization/Authentication	\$ _____
Orphanage Fees	\$ _____
Translation Fees	\$ _____
Travel First Trip	\$ _____
Travel Second Trip	\$ _____
Visas	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Total Adoption Cost</b>	<b>\$ _____</b>

**Available Resources to Cover Adoption Costs**

Personal Funds (savings/checking, etc.)	\$ _____
Employer Benefit (if available)	\$ _____
Home Equity Line	\$ _____
Fundraising	\$ _____
Other Grants/Loans received:	\$ _____
Name _____	\$ _____
Name _____	\$ _____
Name _____	\$ _____
Other source of funds (please specify)	\$ _____
<b>Total Estimated Resources</b>	<b>\$ _____</b>

<b>Deficit</b>	<b>\$ _____</b>
(Total Resources - Total Cost)	

**STATEMENT OF NET WORTH**

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<b><u>Assets</u></b>	\$ _____
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 (write description)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>

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

<b><u>Net Worth</u></b>	<b>\$ _____</b>
(Assets - Liabilities)	

**CASH FLOW**

Monthly

**Income**

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

**Expenses/Payments**

Taxes and other deductions from paychecks	\$ _____
Housing Costs:	
Mortgage/Rent	\$ _____
Property Taxes	\$ _____
Insurance	\$ _____
Utilities	\$ _____
Other Housing Costs	\$ _____
Telephone (include cell phones)	\$ _____
Food	\$ _____
Clothing	\$ _____
Transportation Expenses:	
Car Payment	\$ _____
Car Insurance	\$ _____
Gas/Maintenance	\$ _____
Other Transportation Expenses	\$ _____
Entertainment/Recreation	\$ _____
Medical Expenses	
(include health insurance if paid by you)	\$ _____
Charitable Donations	\$ _____
Other Debt repayment (write description)	
_____	\$ _____
_____	\$ _____
<b>Total Expenses/Payments</b>	<b>\$ _____</b>

**Cash Flow**

(Total Income - Total Expenses/Payments)	\$ _____
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## Selection Process Policies

- **Grants are awarded three times a year** in February, June, and October.
- **The amount of each grant and the number of adoption grants awarded** depends on the funds available at the time of the selection process meeting.
- **Applications must be postmarked by:**
  - February Grant Awards - postmarked by January 1st
  - June Grant Awards- postmarked by May 1st
  - October Grant Awards – postmarked by September 1st
- Applicants must include a photocopy of their valid home study and a photocopy of their most recent tax return as well as their typed personal statement and a photo of their current family.
- **Family members and close personal friends of the AHF Board of Directors** are prohibited from applying for grants.
- The Adoption Hope Foundation Co-Founders will review all applications that include all of the Required Documentation. Those applications that are selected by the Co-Founders for further consideration will be presented to and reviewed by the Board of Directors for final selection.
- February grant applicants will be notified by February 28<sup>th</sup>, June grant applicants will be notified by June 30<sup>th</sup>, and October grant applicants will be notified by October 31<sup>st</sup>.
- All applicants will receive notification via email. Grant recipients will be notified by email and phone.
- The Board of Directors will make final decisions based on a case-by-case review of the information provided in both the application and personal statement.
- **Grants will be awarded in amounts varying from \$500 - \$15,000.** Checks in the awarded amount will be written out and mailed directly to the grant recipient's adoption service provider(s).
- **Grants must be utilized within 18 months of the awarded date.** If recipient does not use the money for the approved purposes specified by the Adoption Hope Foundation within 18 months of the date the grant is awarded, then the grant may be withdrawn and the funds may be redistributed to other applicants in the next grant cycle. By accepting the awarded grant funds, the recipient of the grant agrees that he/she will use the funds for the intended purpose, and that if AHF learns that the grant funds have not been used for their intended purpose, the AHF has the right, at its own discretion, to stop making future grant payments and to demand the repayment or recovery of past grant payments.
- Grant funds cannot be applied toward travel expenses of the recipient or its adoption service providers.
- If at any time the recipient terminates adoption plans (*for example: due to natural pregnancy, divorce*) the remaining grant money will be forfeited and be returned to the Adoption Hope Foundation for future distribution.

*(Selection Process Policies continued)*

- AHF makes no representations regarding whether any awarded grant funds are subject to federal, state, local or any other tax. Grant recipients are encouraged to speak to their tax advisors regarding the tax status of the grant funds.
- Completed applications must be received **prior to the placement of a child in your home.**
- The Adoption Hope Foundation **will not provide grant funds for finalized adoptions.**

- **All Connecticut residents that are U.S. Citizens can apply or if the adoption is finalized in the state of CT.** Qualified applicants will not be judged based on marital status, race, religion, sexual orientation, age, gender, family characteristics, or any other legally protected class or income.
- It is at the **sole** discretion of the Adoption Hope Foundation to determine which invoices will be paid using the grant funds.

*Disclaimer: The need for adoption assistance and the number of requests received by AHF far exceeds our resources. Consequently, neither the foundation nor its officers and directors represent that all applicants will receive funding from AHF. All grants are awarded at the sole discretion of the Board of Directors.*





## CONSENT FORM

### 1. Purpose

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 the Adoption Hope Foundation that assistance will be granted or given.

### 2. Authorization and Release

The undersigned hereby authorizes any officer or director of the Adoption Hope Foundation to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions listed as references and made a part of this application.

Adoption Agency \_\_\_\_\_ Case Worker \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Limit of Liability

The undersigned acknowledges that the Adoption Hope Foundation has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that the Adoption Hope Foundation shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and hold the *Adoption Hope Foundation* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

### 4. Permission

The undersigned gives the Adoption Hope Foundation permission to use their story and/or photographs on the Adoption Hope Foundation's website, social media, and/or printed material, with the purpose of helping families to adopt children.

(Your answer does not have an effect on financial assistance).  Yes  No

### 5. Attachments

- Copy of Homestudy - Please send a copy of your completed homestudy from your adoption agency.
- Tax Return - Please include a copy of your Federal Tax Return (1040 form) from the most current year.
- Types personal statement
- Current family photo

**We are providing this information to the Adoption Hope Foundation for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.**

Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Application to: The Adoption Hope Foundation P.O. Box 367 Greens Farms, CT 06838