



**CHRISTIAN ADOPTION RESOURCES & EDUCATION  
FOR HANCOCK CO, IL**

**ADOPTIVE FAMILY FINANCIAL ASSISTANCE APPLICATION**

**I. GENERAL INFORMATION**

Please provide your contact information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Grant Application Date (today's date) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you and your spouse residents of Hancock County, IL? Yes No

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Number of dependent children in your immediate family \_\_\_\_\_

**II. EMPLOYMENT INFORMATION**

Name of Organization(s)/Employer(s) \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Spouse  
Name of Organization(s)/Employer(s) \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_

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

### III. CHURCH & COMMUNITY INFORMATION

Name of Church: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Church E-mail Address: \_\_\_\_\_

Church website address: \_\_\_\_\_

Sr. Pastor's or Priest's Name: \_\_\_\_\_

Does this church currently have an adoption ministry? Yes No (circle one)

Tell us your involvement at this church. (Use back if necessary.)

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Tell us your involvement in other ministries or community service. (Use back if necessary.)

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## IV. FINANCIAL INFORMATION

Most current combined Adjusted Gross Income \_\_\_\_\_

Combined total assets (include cash, savings, checking, investments, home value, real estate, etc.)  
\_\_\_\_\_

Combined total debt (include home loans, car loans, other loans, credit cards, etc.)  
\_\_\_\_\_

What is your total (or estimated) adoption expense? \_\_\_\_\_

What is your remaining balance? \_\_\_\_\_

What other plans (if any) do you have to raise funds for your adoption?  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for financial assistance anywhere else?  
\_\_\_\_\_

Have you received/do you expect to receive any additional funds in the form of gifts or grants (please explain)?  
\_\_\_\_\_  
\_\_\_\_\_

## V. AGENCY INFORMATION

Adoption Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ Agency State \_\_\_\_\_ Agency Zip Code \_\_\_\_\_

Agency Phone \_\_\_\_\_

Caseworker's Name \_\_\_\_\_

Caseworker e-mail address \_\_\_\_\_

Date home study was satisfactorily completed: \_\_\_\_\_

Home Study Agency Name \_\_\_\_\_

H.S. Social worker's Name \_\_\_\_\_ H.S. Social worker's e-mail address \_\_\_\_\_

