



Application For Adoption Financial Assistance

Date of application _____ Anticipated date of adoption _____

Adopting father's name _____ Email address _____

Street address _____ City _____ State _____ Zip _____

Home phone (____) _____ Cell phone (____) _____ Age _____

Occupation _____ Name of employer _____

Business address _____ Business phone (____) _____

Monthly salary (gross) \$ _____ Employed in current job since _____

Adopting mother's name _____ Maiden name _____ Age _____

Cell phone (____) _____ Email address _____

Occupation _____ Name of employer _____

Business address _____ Business phone (____) _____

Monthly salary (gross) \$ _____ Employed in current job since _____

Current Dependents

Name

1. _____ Age _____ Relationship _____

2. _____ Age _____ Relationship _____

3. _____ Age _____ Relationship _____

4. _____ Age _____ Relationship _____

5. _____ Age _____ Relationship _____

6. _____ Age _____ Relationship _____

What is your association with Connection Pointe? _____

Adoption information

Name of adoption agency _____

Address _____ City _____ State ____ Zip _____

Contact person or social worker _____ Telephone (____) _____

How are you adopting? Domestic ____ Foster to adopt ____ State adoption ____ International ____

If international, from what country? _____ Number of children you are adopting _____

Have you been matched with a child(ren) by a licensed adoption agency? ____

Age(s) of the child(ren) _____

Special needs of the child(ren) (if any) _____

Have you received approval for travel to pick up the child(ren)? ____

Expected date of approval _____ Expected date of travel _____

Estimated Total Adoption Costs _____

Details of funds as of this date _____

Personal funds set aside for adoption (savings, etc.) _____

Employer assistance _____

Loans/Grants applied for:

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Fundraising _____

Other _____

Total estimated resources: _____

Date home study was completed. _____ (Please provide a copy of home study report.)

Husband:

What is your personal spiritual story?

Why are you adopting?

Wife:

What is your personal spiritual story?

Why are you adopting?

Church information:

Church name _____ Pastor's name _____

Street address _____ City _____ State ____ Zip _____

Church phone number _____ Are you a member? ____ Attend regularly? _____

Does your church presently have an adoption/orphan care ministry? _____

We certify that all statements made in this application are true and complete to the best of our belief and knowledge. We also understand and agree to the stated terms of the grant provided.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Mail application to: **Brooke Reeves, Connection Pointe Church, PO Box 667, Brownsburg, IN 46112**