



# CHRISTIAN ADOPTION RESOURCES & EDUCATION

## ADOPTION GRANT APPLICATION

### Qualifications For Applying

1. Live within a 40-mile radius of Carthage, IL (message us if not sure)
  2. Applicants' combined income must not exceed \$140,000 annually
  3. Home Study must be finalized and current
  4. Parent(s) must be US citizens
  5. Married and single applicants can apply
- PLEASE check if you are a previous C.A.R.E. Adoption Grant recipient.

### I. GENERAL INFORMATION

Please provide your contact information: Grant Application Date (today's date) \_\_\_\_\_

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

Spouse's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_

Do you live within a 40-mile radius of Carthage, IL?    Yes    No    (circle one)

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

Have you adopted previously?    Yes    No    (circle one)

### II. EMPLOYMENT INFORMATION

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

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

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

Spouse (if applicable)

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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

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

Tell us about your involvement at this church.

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Tell us about your involvement in other ministries or community service.

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### IV. ADOPTION AGENCY INFORMATION

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

Home Study Agency Name \_\_\_\_\_ H.S. Social worker's Name \_\_\_\_\_

e-mail address \_\_\_\_\_ Phone \_\_\_\_\_

H.S. Agency Address \_\_\_\_\_

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

Adoption Agency/Attorney Name \_\_\_\_\_ Type of adoption: \_\_\_\_\_

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

Caseworker's Name \_\_\_\_\_ Caseworker e-mail address \_\_\_\_\_

## V. FINANCIAL INFORMATION

Attach IRS tax information (1040 or 1099 forms) for the past two years (please black out social security numbers).

Do you have any financial considerations or circumstances we should be aware of:

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

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

Have you applied for a financial loan for this adoption? Yes No

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

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

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## VI. ADDITIONAL INFORMATION

What country are you adopting from? \_\_\_\_\_

Do you have a child already identified for this adoption? Yes No

Are there any additional needs/special considerations? \_\_\_\_\_

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What has inspired you to build your family through adoption? \_\_\_\_\_

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## **ADOPTION GRANT APPLICATION**

### **Required Documents**

1. CARE Adoption Grant application
2. Copy of Home Study page with finalized and expire dates
3. Projected Costs for Adoption itemized with balance
4. Copy of IRS Tax Filing-1040 (last two years)
5. Reference from your Pastor or leadership in your church. Mail a letter of recommendation to CARE, PO Box 194, Carthage IL 62321 or email [info@christianadoptionresources.org](mailto:info@christianadoptionresources.org)
6. Family Photo

### **Submission & Notification Process**

- Any questions or comments about gathering information/documents for your application can be emailed to [info@christianadoptionresources.org](mailto:info@christianadoptionresources.org)
- Send completed application packet to:  
C.A.R.E., PO Box 194, Carthage IL 62321 or email [info@christianadoptionresources.org](mailto:info@christianadoptionresources.org)  
You will be notified by email when the application is received and when it will be reviewed.
- Application deadlines are Dec 31<sup>st</sup>, April 30<sup>th</sup> or Aug 31<sup>st</sup>. Completed applications will be reviewed by the selection committee.
- The Grant recipient will be notified by a letter in the mail, followed by an email. We will seek to notify you of our decision in February, June, or October depending on when we receive your complete application.
- Grant will be given when your child is being placed with your family. It will be paid directly to the adoption agency or on an adoption loan in recipients' name.

**We are not able to respond to inquiries about the status of your application or about checking items needed. It is the responsibility of the applicants to make sure all materials are included. We will not process any applications that are missing required documents. If a portion of your application or references is not complete, you will be moved to the next deadline.**