

Husband's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
 Wife's Full Name \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Cell/work phone: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_ Any prior divorce? \_\_\_\_\_ Date: \_\_\_\_\_  
 Husband's Employer \_\_\_\_\_ Length of employment \_\_\_\_\_  
 Wife's Employer \_\_\_\_\_ Length of employment \_\_\_\_\_

1. Date of Birth of Husband \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Date of Birth of Wife \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Names and ages of biological children in family \_\_\_\_\_
4. Names and ages of adopted children in family \_\_\_\_\_
5. Are you a member of a local church? Yes \_\_\_\_ No \_\_\_\_
6. Have you explored a sliding scale/reduced fees with your provider? Yes \_\_\_\_ No \_\_\_\_
7. Specify any special financial considerations or circumstances we should be aware of: .

**On a separate sheet of paper please:**

- 1) Give a brief summary of your recent adoption journey
- 2) Describe the current state of relationships within your family (husband/wife, birth/adopted children, extended family, church family)
- 3) Briefly share the concerns / problems that you are experiencing with your adopted child(ren)
- 4) Outline your hopes / expectations as you seek to find healing for your child(ren)
- 5) Which service provider / counselor are you intending to use for your child(ren)?

**KNOWN COUNSELING COSTS**

<b>Type of Expense</b>	<b>Amount</b>
Counselor Fees	
Medical Exam	
Residential Fees	
Medications	
Others:	

**Please indicate how you intend to finance your costs:**

Personal Funds: (savings, etc.) \$ \_\_\_\_\_  
 Other source of funds: (please specify) \$ \_\_\_\_\_  
**Total Estimated RESOURCES:** \$ \_\_\_\_\_

**DEFICIT:** (*Total Resources – Total Cost*) \$ \_\_\_\_\_



Post Adoption Care
Financial Assistance Application



Statement of Net Worth

As of Date \_\_\_/\_\_\_/\_\_\_\_\_

The following needs to be a complete list of the balances or values of the items you have ownership of (assets) and balances of amounts you owe (liabilities) as of the above date.

Assets

Table with 2 columns: Asset Description and Value (\$). Rows include Cash, Checking Accounts, Savings Accounts, Investment Accounts, Retirement Accounts, Life Insurance Cash Surrender Value, Value of Autos, Value of Home, Approximate Value of Household Items, and Value of other items you own not listed above.

Total Assets

\$

Liabilities

Table with 2 columns: Liability Description and Value (\$). Rows include Credit Card Balances, Balances of Past Due Bills, Auto Loan Balances, Home Mortgage Balance, and Any Other Amounts Owed.

Total Liabilities

\$

Net Worth (Assets - Liabilities)

\$

**Cash Flow Statement**

<b>Income</b>	<i>Monthly</i>	<i>Annual</i>
Gross Salary/Wage	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Expenses/Payments</b>		
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)	\$ _____	\$ _____
Donations/Giving	\$ _____	\$ _____
Other Gifts	\$ _____	\$ _____
Other debt payments/expenses not listed above (write description): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Expenses/Payments</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Cash Flow</b> ( <i>Total Income - Total Expenses/Payments</i> )	<b>\$ _____</b>	<b>\$ _____</b>

## Consent Form

### 1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with adoption counseling. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Lifesong for Orphans* that assistance will be granted or given.

### 2. AUTHORIZATION AND RELEASE

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Lifesong for Orphans* 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. The undersigned further consents to the release of any information to any authorized *Lifesong for Orphans* employee or agent from any individual or financial institution listed on the attached list of references. The undersigned further authorizes any pastor, elder, minister or counselor included in the list of references to release to *Lifesong for Orphans* or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

### 3. LIMIT OF LIABILITY

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

### 4. SUPPORT RAISING AGREEMENT

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the adoption grant process for Lifesong for Orphans (LS):

1. We will formulate a mailing list of supporters and mail Support Kits to each one.
2. We understand and accept that all funds and/or donations received by LS are under the ultimate control of the LS Board of Directors that make all final decisions regarding distributing and/or grants and loans of any funds.
3. We understand, accept and agree to use any and all funds received by LS exclusively for legitimate counseling expenses. We agree to provide verification of expenses to LS upon request.
4. We understand any funds raised (including matching grant amount, if applicable) beyond our documented costs may be used to further the ministry of LS and assist with other Church families' costs of adoption/counseling.
5. We understand we may not donate money to LS towards our own expenses and receive a tax deduction.
6. We agree to submit proper documentation as requested by LS for payment and/or reimbursements of any kind.

### 5. REQUEST TYPE

- Fund Raising Support** – We provide you with a support raising kit. The resulting process allows friends who wish to support you to receive tax-deductions for their donations on behalf of your counseling need. Timeframe to begin this from receiving application: approximately 6 weeks.
- Matching Grant** - We provide you with a matching grant and a support raising kit. The grant acts as a catalyst to the process which allows friends who wish to support you to receive tax deductible receipts for their donations. Timeframe to begin this from receiving application: approximately 6 weeks

- Interest Free Loan** - Interest free loans help couples with the counseling expenses. Repayments can be made on a monthly basis or annually. Timeframe to begin this from receiving application: approximately 6 weeks.
- Direct Grant** - We provide you with a direct grant to help overcome your need. Timeframe to begin this from receiving application: approximately 6 weeks

**Note:** *There are a limited number of funds that can be given as Direct Grants, Matching Grants or Interest Free Loans. If no money is available we can still serve as a tax-deductible vehicle for your donors, friends, and family (see option 1 above)*

## 6. SIGNATURES

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

Adoptive Father \_\_\_\_\_

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

Adoptive Mother \_\_\_\_\_

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

***Submit Application to:***

Lifesong for Orphans  
PO Box 9  
Gridley, IL 61744