



1815 Pleasant Grove Rd
Jonesboro, AR 72401

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Adoption Grant Application

Husband's Full Name _____ DOB _____

Wife's Full Name _____ DOB _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email Address _____

Date of Marriage _____ Any prior divorce? _____ Date _____

Employer, Position, & Length of Employment

Husband _____

Wife _____

Biological Children

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you adopted previously? Yes No

Name	Age	Name	Age
_____	_____	_____	_____

1. Have you completed your dossier(if international)? Yes No

2. Have you received a referral for this adoption? Yes No

If yes, Full Name _____ Age _____ Sex _____ Country _____

3. Do you plan on adopting an older or a special needs child? _____

4. Family Blog/Facebook/Twitter Info _____

Do you profess Jesus Christ as your personal Lord and Savior?

Yes No

Church Name and Denomination _____ Member? Yes No

Church Activities _____

May we contact your pastor? Yes No Pastor's Name _____

Phone _____ Email _____

PERSONAL STATEMENT OF FAITH

1. Who is God?

2. Who is Jesus Christ?

3. Who is the Holy Spirit?

4. How do you use God's Word (the Bible) in your life?

5. Describe your daily walk with God

6. What is eternal salvation? How do you become saved?

On separate sheet of paper, please share your salvation testimonies and your adoption testimony (how God has led you to adopt).

Please specify any special financial considerations or circumstances we should be aware of:

ADOPTION COSTS	
AVAILABLE RESOURCES	
Personal Funds	\$
Employer Benefit	\$
Family/Friends	\$
Church	\$
Other	\$
TOTAL ESTIMATED RESOURCES	\$
EXPENSES	
Agency Fees	\$
Child's Medical Expenses	\$
Foreign Program	\$
Homestudy Fee	\$
In Country Fees	\$
INS Fees	\$
Notarization/Authentication	\$
Orphanage Fees	\$
Overseas Fees	\$
Translation Fees	\$
Travel First Trip	\$
Travel Second Trip	\$
Visa Fees	\$
Other	\$
TOTAL EXPENSES	\$
DEFICIT	\$ (resources-cost)

NET WORTH	
ASSETS	
Cash/Checking Accounts	\$
Savings Accounts	\$
Investment Account (not retirement)	\$
Life Insurance Cash Value	\$
Retirement Accounts	\$
Auto Values	\$
Home Value	\$
Household Items (approx)	\$
Other (describe)	\$
Other (describe)	\$
TOTAL ASSETS	\$
LIABILITIES	
Credit Card Balances	\$
Balance of Past Due Bills	\$
Auto Loan Balances	\$
Home Mortgage Balance	\$
Other(Describe)	\$
Other(Describe)	\$
TOTAL LIABILITIES	\$
NETWORTH	\$ (Assets-Liabilities)

CASH FLOW		
INCOME	MONTHLY	ANNUAL
Gross Salary/Wage	\$	\$
Investment Income	\$	\$
Other Income	\$	\$
TOTAL INCOME	\$	\$
EXPENSES	MONTHLY	ANNUAL
Taxes/Paycheck Deductions	\$	\$
Mortgage /Rent	\$	\$
Property Taxes	\$	\$
Insurance (Homeowner's)	\$	\$
Utilities	\$	\$
Other Housing Costs	\$	\$
Phones	\$	\$
Food/Groceries	\$	\$
Clothing	\$	\$
Car Payment	\$	\$
Car Insurance	\$	\$
Car Maintenance	\$	\$
Gas	\$	\$
Entertainment/Recreation	\$	\$
Vacations/Travel	\$	\$
Medical Expenses	\$	\$
Charitable Giving	\$	\$
Student Loan Repayment	\$	\$
Other	\$	\$
Total Expenses/Payments	\$	\$
CASH FLOW	\$	(Income-Payments)

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 Families Outreach that assistance will be granted or given.

2. Authorization and Release

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of Families Outreach 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 Families Outreach 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 Families Outreach or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

Adoption Agency: _____ Case Worker: _____ Phone: _____

Email: _____

3. Limit of Liability

The undersigned acknowledges that Families Outreach has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that Families Outreach shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds Families Outreach 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 Families Outreach permission to use their story and/or photographs on Families Outreach's website, 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

- Picture–If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application. Please also include a photo of your current family.
- Tax Return-Please include a copy of your Federal Tax Return(1040 form) from the most current year.
- Copy of Homestudy- Please send a copy of your completed homestudy from your adoption agency.
- Letter from Pastor/Elder- Please include a letter of reference from you pastor indicating his support of your adoption on church letterhead.

We are providing this information to Families Outreach 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:_____

Checklist

- Printed and Signed Application
- Salvation Testimonies
- Adoption Testimony
- Photograph(s)
- Tax Return
- Copy of Homestudy
- Pastor's Letter of Recommendation

Submit Application to:



Adoption Grant Program
1815 Pleasant Grove Rd
Jonesboro, AR, 72401