



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: _____

Employer, Position, & Length of Employment

Husband: _____

Wife: _____

Children Info:

Have you adopted previously? Yes No

<u>Name:</u>	<u>Age:</u>	<u>Name:</u>	<u>Age:</u>

1. If international, have you completed your dossier? Yes No Does Not Apply

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

If yes, Full Name: _____ Age: _____ M F Country: _____

3. Do you plan on adopting an older or a special needs child? Yes No

4. Family Blog/Facebook/Twitter Info: _____

CASH FLOW:

<u>Income:</u>	<u>Monthly:</u>	<u>Annually:</u>
Gross Salary/Wage:		
Investment Income:		
Other Income:		

ADOPTION COSTS:

<u>Available Resources:</u>	
Personal Funds:	
Employer Benefit:	
Family/Friends:	
Church:	
Other:	
<u>Expenses:</u>	
Agency Fees:	
Child's Medical Expenses:	
Foreign Program:	
Homestudy Fee:	
In Country Fees:	
INS Fees:	
Notarization/Authentication:	
Orphanage Fees:	
Translation Fees:	
Travel First Trip:	
Travel Second Trip:	
Visa Fees:	
Other:	
<u>Total Expenses:</u>	
<u>Deficit:</u>	

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 and application is not any type of acknowledgement or representation on behalf of Spring Valley Church that assistance will be given or granted.

2. Authorization and Release:

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of Spring Valley Church 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 Spring Valley Church employee or agent from any individual or financial institution listed on the attached list of references to release to Spring Valley Church 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 Address: _____

3. Limit of Liability

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

4. Permission

The undersigned gives Spring Valley Church permission to use their story and/or photographs on Spring Valley'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 include a copy of your completed homestudy from your adoption agency.
- Letter from Pastor/Elder:** Please include a letter of reference on church letterhead from your pastor indicating their support of your adoption.

We are providing this information to Spring Valley Church 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:** _____

For your use:

CHECKLIST

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

Please return all items to Spring Valley Church: 5240 Mt. Olivet Rd., Kalamazoo MI 49004

Questions? You may contact us during office hours at 269.343.7084, or at office@svwes.com.

