

# HILLCREST CHURCH

## Adoption and Foster Assistance Request Form For Regular Attenders

Hillcrest Church will grant up to \$1000 for Foster Care Licensing costs, with receipts.

Hillcrest Church will grant up to \$2000 per child toward U.S. Adoption costs, and up to \$4000 for International Adoption costs.

Limit of one Financial Assistance Grant per year.

APPLICANT NAME(S):

\_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

HOUSEHOLD MEMBER(S):

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_

HAVE YOU ADOPTED BEFORE: \_\_\_\_\_

WHAT HAS MOTIVATED YOU TO ADOPT:

\_\_\_\_\_

AGENCY AND/OR ATTORNEY YOU ARE WORKING THROUGH:

\_\_\_\_\_

AGENCY CONTACT INFORMATION:

\_\_\_\_\_

IS YOUR HOMESTUDY COMPLETE: \_\_\_\_\_ Complete is mandatory before funds are awarded.

WHAT FEES/EXPENSES DO YOU ANTICIPATE IN THIS ADOPTION:

\_\_\_\_\_

INTERNATIONAL ADOPTION FUNDS ARE NEEDED FOR \_\_\_\_\_ TRAVEL \_\_\_\_\_ AGENCY EXPENSES

WHEN DO YOU EXPECT TO HAVE THE CHILD IN YOUR CARE:

\_\_\_\_\_

ARE YOU A MEMBER OF HILLCREST CHURCH: \_\_\_\_\_ HOW LONG HAVE YOU ATTENDED:

\_\_\_\_\_

DO YOU HAVE AN ADOPTION SUPPORT GROUP: \_\_\_\_\_ NAME & CONTACT:

\_\_\_\_\_

DO YOU HAVE ANY SIGNIFICANT FINANCIAL DEBT OTHER THAN HOME AND AUTO:

\_\_\_\_\_

HAVE YOU REQUESTED/RECEIVED ASSISTANCE FROM ANY OTHER CHURCH AND/OR AGENCY REGARDING ADOPTION EXPENSE ASSISTANCE: \_\_\_\_\_ IF SO PLEASE NAME THE AMOUNTS AND DATES OF THE GRANTS/ASSISTANCE RECEIVED:

\_\_\_\_\_

PLEASE LIST ANY ADDITIONAL MEANS OF FINANCIAL SUPPORT YOU INTEND TO USE TOWARD THIS ADOPTION: \_\_\_\_\_

Thank you for your application. Hillcrest Church Adoption Support Committee reserves the right to contact the churches and/or agencies listed above for verification of information. Your signature states you understand this agreement and release Hillcrest Church to use your name in these inquiries. You will be notified shortly regarding the status of your request.

YOUR SIGNATURES: \_\_\_\_\_ DATE:

\_\_\_\_\_

\_\_\_\_\_

For Committee Use Only

Date Application Received: \_\_\_\_\_ Date Applicant(s) Notified: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_