

Requirements for Application

Grants are open to U.S. and Canadian families (single or married) with a financial need who are in the process of adopting a child or children (adoption agencies permitting). We Need Families (“WNF”) does not provide grants for domestic adoptions.

- Must provide a completed grant application (see following pages) and at least two snapshots. Please include one of the family and another of just the parents.
- Must provide complete Home Study with all certificates and signatures included - all in PDF format. If your state/agency does not permit the releasing of Home Studies, please provide a report of the completed Home Study signed by your social worker in PDF format.
- Must provide three letters of recommendation from non-family members. Only one letter may be from an ecclesiastical leader or employer.
- Must have an income of at least 25% above federal poverty guidelines. Guidelines can be found at <http://aspe.hhs.gov/POVERTY/> .
- Must provide most recent federal tax return summary.
- Must have a good debt to income ratio and cannot have filed bankruptcy in the past 10 years. If bankruptcy is in the family’s financial history, please include a brief statement.
- Adoptive parents and others, including minors, living in the home must not have been convicted of or plead guilty or nolo contendere (no contest) to a felony or misdemeanor.

Please Note the Following

- Letters of recommendation submitted to your adoption agency are also sufficient for WNF.
- Grants will not be processed without completed forms and all supporting documentation as listed above. Complete packets can be emailed to childrenneedfamilies@ourrescue.org.
- Grant applications are reviewed as they are received; it may take up to three months to process an application. Notification of a grant award or rejection will be sent via email. Please note some exceptions may apply, which might result in shorter or longer wait times. For any questions or inquiries please email to childrenneedfamilies@ourrescue.org.
- Families that meet all the criteria are carefully considered on an individual basis. WNF will work with each adoption agency to verify documentation and confirm the grant amount before sending any funds.
- **All grant money will be paid directly to the adoption agency** and applied to the applicant's fee schedule, including, in some cases, travel and in-country living expenses where applicable.

By signing below, we hereby confirm that the documents and information that we submit in connection with our Adoption Grant request will be true, correct, and complete and that neither adoptive parent or others, including minors, living in our home have been convicted of or plead guilty or nolo contendere (no contest) to a felony or misdemeanor.

**By typing your signature(s) below you are representing that the information contained in the related adoption application is true and correct.*

Applicant 1

Date

Applicant 2

Date

Grant Application Form

Complete the following application electronically. Do not leave anything blank. Indicate with "N/A" if a particular question does not apply. This information is not shared outside of WNF and is strictly for internal use only.

- I am applying as a single applicant (Fill in General and Applicant 1 Sections)
- We are applying as a couple applicant (Fill in General and Applicant 1 and Applicant 2 Sections)

Applicant 1

| Demographics | |
|---|--|
| First Name: | |
| Last Name: | |
| Age: | |
| Marital Status: <i>(Divorced, Married Single, Widowed, Separated, Other)</i> | |
| Are you currently employed? | |
| Occupation: | |
| Employers Name: | |
| Work Address: | |
| Work Phone: | |
| Length of Employment: | |
| | |

Applicant 2

| Demographics | |
|---|--|
| First Name: | |
| Last Name: | |
| Age: | |
| Marital Status: <i>(Divorced, Married Single, Widowed, Separated, Other)</i> | |
| Are you currently employed? | |
| Occupation: | |
| Employer's Name: | |
| Work Address: | |
| Work Phone: | |
| Length of Employment: | |
| | |

General Information

| Home Address: | |
|--|--|
| Main Phone Number: | |
| Additional Phone Number: | |
| Applicant 1 Email Address: | |
| Applicant 2 Email Address: | |
| Fax Number: | |
| Ages of Children currently in your family: <i>(If multiple, please separate by a comma)</i> | |
| Home Study Agency Name: | |
| Home Study Agency's Address: | |
| Home Study Agency's Phone Number: | |
| USCIS Paperwork has been filed? | |
| If yes, anticipated completion date: | |
| Number of Children Adopting? | |

| | |
|--|--|
| Have you been matched with a child/children? : | |
| Please list all gender and ages of child/children adopting (for example, Female 13, Male 12, etc.) | |
| Country Adopting From: | |
| Expected Date of Travel: | |
| Please provide a brief Summary as to why you/your family are adopting: | |
| | |

Financial Statement

GROSS MONTHLY INCOME

MONTHLY EXPENSES

ASSETS

| GROSS MONTHLY INCOME | | MONTHLY EXPENSES | | ASSETS | |
|------------------------|----|---------------------------|----|-------------------------------------|----|
| INCOME # 1 | \$ | RENT OR MORTGAGE PAYMENT | \$ | SAVINGS | \$ |
| INCOME # 2 | | AUTOMOBILE PAYMENT | | LIFE INSURANCES | |
| ALIMONY | | FOOD | | CASH VALUE | |
| CHILD SUPPORT | | UTILITIES | | HOME EQUITY (VALUE-MORTGAGE AMOUNT) | |
| OTHER INCOME (EXPLAIN) | | AUTO INSURANCE | | INVESTMENTS | |
| OTHER INCOME (EXPLAIN) | | HEALTH INSURANCE | | REAL ESTATE | |
| OTHER INCOME (EXPLAIN) | | LIFE INSURANCE | | OTHER INVESTMENTS (EXPLAIN) | |
| OTHER INCOME (EXPLAIN) | | DONATIONS & CONTRIBUTIONS | | OTHER ASSETS (EXPLAIN) | |
| | | INVESTMENTS | | OTHER ASSETS (EXPLAIN) | |
| | | ALIMONY | | | |
| | | CHILD SUPPORT | | | |
| | | CONSUMER DEBT PAYMENT | | | |
| | | OTHER (EXPLAIN) | | | |
| TOTAL INCOME | \$ | TOTAL MONTHLY EXPENSES | \$ | TOTAL ASSETS | \$ |

Outstanding Loans and Credit Card Balances

| Name of Financial Institution | Current Balance | Monthly Payment |
|-------------------------------|-----------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach additional pages and explanation, if needed.



Adoption Expenses

This section must be completed in full.

| Type of Expenses | Amount | Amount Paid | Source of Funds for Expenses Paid and Balance Due (how you paid or intend to pay, what is still due, i.e. savings, other loan, fundraise, family, friends, etc.) | |
|--|--------|-------------|--|-----|
| | | | Paid | Due |
| Agency Fees | | | | |
| Home Study | | | | |
| USCIS Fees | | | | |
| Notarization/Authentication | | | | |
| Foreign Program Fee | | | | |
| Travel 1 st Trip | | | | |
| Travel 2 nd Trip, if applicable | | | | |
| Visas | | | | |
| Child's Medical Exam | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |
| Total | \$ | \$ | | |

Adoption Agency Information

| | |
|--|--|
| Name of Adoption Agency (Primary agency that handles your fees): | |
| Adoption Agency Address: | |
| Adoption Agency Email Address: | |
| Adoption Agency Phone Number: | |

Adoption Agent Information

| | |
|-------------------------------|--|
| Name of Adoption Agent | |
| Adoption Agent Address: | |
| Adoption Agent Email Address: | |
| Adoption Agent Phone Number: | |

Other Grants

Grants you've applied for from other granting organizations. Please indicate the amount of the grant applied for and if the grant has been received or a decision is pending.

| Amount | | Status |
|--------|--|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

WNF Consent Form

WNF Consent Form

I, _____ (adoptive mother) and
I, _____ (adoptive father) agree to:

1. I/We, hereby grant We Need Families Adoption Grant Representative(s) permission to contact my adoption agency and/or adoption representatives including Social Worker(s) or legal representatives who are assisting us in completing our adoption. It is our understanding that any information obtained via telephone and/or written form may be used to determine our grant qualifications.

Yes No

2. I/We, understand that WNF may share our adoption story or journey, via audio, video, print, social media, etc.,. We give our consent to share our adoption story or allow our adoption story to be written/edited. We give our consent to be interviewed by the We Need Families Adoption Grant Representative(s), videographers, film crew(s) or other media personnel and/or outlets. We give our consent to WNF to use provided content including pictures, audio, video, print or text for the benefit of other families who are considering adoption and donors who want to contribute to the WNF Grant. We understand this audio, video, film and /or print images and text may be edited, duplicated, distributed, reproduced, broadcast, and /or re-formatted in any form and manner without payment of fees or permission beyond that given on this form.

Yes No

3. I/We, hereby grant, We Need Families Adoption Grant Representative(s) permission to use our story and/or audio, video, print, social media posts, photographs, etc., on their website, and/or printed material with the purpose of helping families to adopt children and donors who want to contribute to the WNF Grant. I understand this audio, video, film and /or print images may be edited, duplicated, distributed, reproduced, broadcast, and /or re-formatted in any form and manner without payment of fees or permission beyond that given on this form.

Yes No

I/We, understand that the answers given to the questions above will have no effect on our grant determination. Please sign below:

Applicant 1

Date

Applicant 2

Date

By typing your signature(s) above you are representing that the information contained in the related adoption application is true and correct.

Story Consent and Release Form

Story Consent and Release Form

- I hereby grant We Need Families (“WNF”) and its agents and employees the irrevocable and unrestricted right to use my given story for the purposes of promotion, publication, illustration, advertising, or trade, in any manner or in any medium.
- I hereby hold harmless and release and forever discharge We Need Families from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
- I understand and agree that the information I give may be placed on the Internet or on WNF's social media platforms.
- I waive my right to any compensation arising or related to the story or any statements made during an interview, voice recording, and/or likenesses of me.
- I am at least 18 years of age and am competent to contract. I have read this release before signing

below and I fully understand the contents, meaning, and impact of this release.

| | | |
|------------|-----------|------|
| | | |
| Print Name | Signature | Date |

By typing your signature above you are representing that the information contained in the related adoption application is true and correct.

If the person signing is under the age of 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____ and do hereby give consent without reservation to the foregoing on behalf of this person.

| | | |
|------------|-----------|------|
| | | |
| Print Name | Signature | Date |

By typing your signature above you are representing that the information contained in the related adoption application is true and correct.