



Open Hearts for Orphans

“Say Yes” Adoption Grant Application

Husband's Full Name _____ Age _____

Wife's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell/Work Phone _____

Primary Email Address _____ Secondary Email Address _____

Date of Marriage _____ Any prior divorce? _____ Date _____

Husband's Employer _____ Length of employment _____

Wife's Employer _____ Length of employment _____

-
1. Husband's Date of Birth _____ / _____ / _____
 2. Wife's Date of Birth _____ / _____ / _____
 3. Names and ages of children in family _____

 4. Have you adopted previously? Yes ___ No ___ If yes, how many times _____
 5. Have you completed your dossier? _____ (if international)
 6. Do you have a specific child identified already for this adoption? _____
If yes, Name _____ Age ___ Sex ___ Country _____
 7. Is this a special needs adoption? _____
List special need(s) if matched _____

 8. Which church do you attend? _____
Are you an active member? Yes ___ No ___
 9. Church Activities _____
 10. Do you profess Jesus Christ as your personal Lord and Savior? _____
 11. May we contact your pastor? Yes ___ No ___ Pastor's Name _____
Church Phone _____ Cell Phone _____
 12. Blog/social media info _____



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ADOPTION COSTS

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
Agency Fees		Overseas Fees	
Child’s Medical Exam		Translation Fees	
Foreign Program Fee		Travel 1 st Trip	
Home Study		Travel 2 nd Trip	
In-Country Fees		Visas	
INS Fees		Legal fees	
Notarization/Authentication		Court fees	
Orphanage Fees		TOTAL ADOPTION COST:	

Please indicate how you intend to finance your adoption costs:

Personal Funds: (savings, etc.) \$ _____

Employer Benefit: (if applicable) \$ _____

Other Grants/Loans Applied For:

Name: _____ \$ _____

Name: _____ \$ _____

Name: _____ \$ _____

Other source of funds: (please specify) \$ _____

Total Estimated **RESOURCES:** \$ _____

DEFICIT: (Total Resources – Total Cost) \$ _____

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



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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

- Cash \$ _____
- Checking Accounts \$ _____
- Savings Accounts \$ _____
- Investment Accounts (other than retirement) \$ _____
- Retirement Accounts \$ _____
- Life Insurance Cash Surrender Value (not death benefit) \$ _____
- Value of Autos \$ _____
- Value of Home \$ _____
- Approximate Value of Household Items \$ _____
- Value of other items you own not listed above (write description):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

- Credit Card Balances \$ _____
- Balances of Past Due Bills (excluding credit cards) \$ _____
- Auto Loan Balances \$ _____
- Home Mortgage Balance \$ _____
- Student Loans/college \$ _____
- Any Other Amounts Owed (write description):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

(Assets - Liabilities)



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CASH FLOW STATEMENT

(Both monthly and annual columns of cash flow must be completed.)

	<i>Monthly</i>	<i>Annual</i>
INCOME		
Gross Salary/Wage	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income (write description):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____
CHURCH GIVING	\$ _____	\$ _____
EXPENSES/PAYMENTS		
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 ins. if paid by you)	\$ _____	\$ _____
Other Charitable Gifts	\$ _____	\$ _____
Other payments/expenses not listed above (write description):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES/PAYMENTS	\$ _____	\$ _____
CASH FLOW	\$ _____	\$ _____

(Total Income – Church Giving and Total Expenses/Payments)



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CONSENT FORM

1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with international or domestic adoption. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of Open Hearts 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 Open Hearts 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 Open Hearts 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 *Open Hearts 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.

Adoption Agency: _____ **Case Worker:** _____

Phone: _____ **Email:** _____

3. LIMIT OF LIABILITY

The undersigned acknowledges that Open Hearts for Orphans has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Open Hearts for Orphans* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds Open Hearts for Orphans 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 Open Hearts for Orphans permission to use their story and/or photographs on the Open Hearts for Orphans websites, 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

1. **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.
2. **Tax Return** – Please send us a copy of your most current year's Federal Tax Return (**1040 form- 1st 2 pages only with social security numbers redacted**)
3. **Copy of Homestudy** – Please send us a copy of your completed Homestudy
4. **Letter from Pastor** – A written reference from one of your pastors on church letterhead indicating his support of your adoption.
5. **Reference letter from friend or family member** – A written reference from a family member of close friend indicating his/her support of your adoption.



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REQUEST TYPE

- “Say Yes” adoption grant** – for the adoption of children with special needs and older children
- “Downright Lovable” grant** – for the adoption of children with Down syndrome
- “Heart Warrior” grant** – for the adoption of children with CHD

(Note: Grants are currently \$4,000. Application processing time frame: 6-8 weeks)

7. ADDITIONAL AGREEMENTS

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 Open Hearts for Orphans “OHFO”:

1. We understand we may not donate money to OHFO towards our own adoption expenses and receive a tax deduction.
2. We understand and accept that all funds and/or donations received by OHFO are under the ultimate control of the OHFO Board of Directors that make all final decisions regarding distributing and/or grants and loans of any funds.
3. We understand that if we decide not to adopt or if our adoption is disrupted for any reason, we will contact OHFO immediately. Any unused grant funds that have not been disbursed for adoption related costs will be used to assist other Open Hearts for Orphans families with the cost of adoption.
4. We agree to submit proper documentation as requested by OHFO for payment and/or reimbursements of any kind.
5. We understand, accept and agree to use any and all funds received by OHFO exclusively for legitimate adoption expenses, including but not limited to agency fees, legal fees, etc. We agree to provide verification of adoption related expenses to OHFO upon request.

8. SIGNATURES

We are providing this information to Open Hearts 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:

Open Hearts for Orphans
Attn: Grant Review Committee
P.O. Box 8074
Delray Beach, FL 33482

Or scan documents (black out ALL social security info please) and email to:
openheartsfororphansorg@gmail.com



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APPLICATION CHECKLIST

To help us process your application in a timely manner, please use this checklist to ensure you've included all the necessary items. If you don't have something included, please provide an explanation for this. Please attach this to the front of your application. If all information is not submitted, it may delay your file being processed. Thank you.

INCLUDED	NOT INCLUDED	INFORMATION	EXPLANATION
_____	_____	Adoption Grant & Loan Application	_____
_____	_____	Adoption Costs	_____
_____	_____	Statement of Net Worth	_____
_____	_____	Cash Flow	_____
_____	_____	Statement of Faith	_____
_____	_____	Adoption Testimony	_____
_____	_____	Pastor Referral Letter	_____
_____	_____	Family/Friend Reference Letter	_____
_____	_____	Picture of Your Family	_____
_____	_____	Picture of Your Child <i>(If Available)</i>	_____
_____	_____	Signed Consents & Request Type	_____
_____	_____	Signed Home Study Complete	_____
_____	_____	Last Year's Tax Return (1040 Form 1 st 2 pages only)	_____

Open Hearts for Orphans

P.O. Box 8074 • Delray Beach, FL 33482

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