

# Calvary Chapel Orphan Ministry/Adoption Fund

## Overview

The purpose of the adoption fund is to help with families' basic financial adoption needs, which can be daunting for the average family and a considerable roadblock to adopting. The adoption fund is completely funded through gifts from our church members, their family and friends. It is intended to help cover adoption-related costs in conjunction with other sources of adoption assistance and personal stewardship. It is our hope that prospective adopting parents will go from saying, "This can't be done" to saying, "With God's help, we can do this." We provide smaller grants ranging from \$500 - \$1500 in order to help boost people over potential financial barriers. The amount will also be dependent upon monies available in our account.

The adoption fund is open for applications from heterosexual Christian couples and heterosexual Christian single parents who are pursuing adoptions through a non-profit 501(c)(3) agency who have completed their home study.

## Applying

Steps for applying are:

1. Complete an adoptive home study and submit to your agency per your agency's and social worker's guidelines.
2. Complete this Adoption Fund Application - (attached)

Please consider giving to the Calvary Chapel Orphan Ministry Fund. All gifts are provided as a benefit to qualified adoptive families, and are administered through the Calvary Chapel Orphan Ministry Fund Committee and Calvary Chapel Elders for final approval.

To contribute to the Adoption Fund, designate your gift by writing "Orphan Ministry Fund" on an envelope with your contribution inside or indicate on your check.

## Adoption Assistance Fund Application

### Requirements

Your home study or home study update must be satisfactorily completed prior to submitting an application. Applications cannot be accepted post-placement. At this time, adoptions must be in process through a 501(c)(3) agency. Once the review is complete, all decisions are final. We cannot allow re-application or reconsideration of denied applications. Additional financial documentation may be requested during the application evaluation.

Funds will be dispersed to your adoption agency – IRS regulations place strict limits on disbursement of charitable funds directly to individuals or families. This policy also ensures that funds are used for its intended purpose.

The CCTC Orphan/Adoption Ministry leadership board will review applications and make a recommendation to the CCTC Elder board. The CCTC Elder board will make final determinations and approvals.

**CALVARY CHAPEL TRI-CITIES ORPHAN MINISTRY**  
**ADOPTIVE FAMILY FINANCIAL ASSISTANCE APPLICATION**

**SUBMIT APPLICATION TO: KIRSTEN & LANCE VICKERMAN**  
**5920 W 20<sup>TH</sup> AVE**  
**KENNEWICK, WA 99338**  
**509-735-6567**

**I. GENERAL INFORMATION**

**Contact Information:**  
Grant Application Date (today's date): \_\_\_\_\_  
Full Name \_\_\_\_\_ Age \_\_\_\_\_  
Spouse Full Name (if applicable) \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address(es) \_\_\_\_\_

**Other General Information:**  
Date of Marriage (if applicable) \_\_\_\_\_  
Ages of dependent children currently in your immediate family? \_\_\_\_\_  
Are any current children adopted? \_\_\_\_ If yes, adoption date(s) and country \_\_\_\_\_  
Age (or range) of child you are adopting \_\_\_\_\_ Do you plan on adopting a special needs child? \_\_\_\_  
Are you adopting a sibling group? \_\_\_\_ If yes, how many? \_\_\_\_\_  
Are there any special considerations we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

**II. EMPLOYMENT INFORMATION (INCOME INFORMATION REQUESTED BELOW)**

Applicant's Employer \_\_\_\_\_ Position \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Does your employer have adoption benefits? \_\_\_\_  
Spouse's Employer \_\_\_\_\_ Position \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Does your employer have adoption benefits? \_\_\_\_



### III. CHURCH INFORMATION AND PERSONAL TESTIMONY

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address 1: \_\_\_\_\_

Church Address 2: \_\_\_\_\_

Church City \_\_\_\_\_ Church State \_\_\_\_\_ Church Zip Code \_\_\_\_\_

Church Country \_\_\_\_\_ Church Phone \_\_\_\_\_

Church website address: \_\_\_\_\_ Sr. Pastor's Name: \_\_\_\_\_

Does this church have an adoption ministry? \_\_\_\_\_ Do you belong to a small group? \_\_\_\_\_

Do you volunteer at this church? \_\_\_\_\_ If yes, please list activities \_\_\_\_\_

Who is God?

Who is Jesus Christ?

Who is the Holy Spirit?

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

Describe your daily walk with God:

What is eternal salvation? How do you become saved?

How has God led you to adopt?

#### IV. FINANCIAL INFORMATION

Applicant's total earnings (wages, salaries, tips, etc.) in the last year? \_\_\_\_\_

Spouse's earnings (wages, salaries, tips, etc.) in the last year? \_\_\_\_\_

Most current combined Adjusted Gross Income from tax return \_\_\_\_\_

Previous year's combined Adjusted Gross Income from tax return \_\_\_\_\_

Applicant and spouse total current balance of cash, savings, and checking accounts

\_\_\_\_\_

Applicant and spouse net worth (*net worth = current value of assets less debt owed*)

\_\_\_\_\_

What is the fair market value of your home? \_\_\_\_\_ What is your home equity? \_\_\_\_\_

What is the net worth of your deferred assets (retirement, IRA's, etc.)? \_\_\_\_\_

What is the net worth of your non-deferred assets (cash, bonds, stocks, etc.)? \_\_\_\_\_

What is the net worth of your (and spouse's) current business and/or investment farms? \_\_\_\_\_

Approximately how much consumer debt (credit card, car/boat loans, etc.) do you carry monthly?

\_\_\_\_\_

What is the annual amount of your earned income credit from IRS Form 1040? \_\_\_\_\_

What is the annual amount of any additional child tax credit from IRS form 1040? \_\_\_\_\_

What is the annual amount of child support you received for all children (do not include foster care or adoption payments), for the most current year? \_\_\_\_\_

What is the annual amount of child support you paid because of a divorce or separation or as a result of a legal requirement, for the most current year? \_\_\_\_\_

What is the annual amount of money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form, for the most current year? \_\_\_\_\_

How much do you give annually to non-profit organizations? \_\_\_\_\_

Do you rent your living space? \_\_\_\_\_

Comments/Special financial circumstances to be considered: \_\_\_\_\_

**Expenses**

Agency Fees \$ \_\_\_\_\_  
 Child's Medical Exam \$ \_\_\_\_\_  
 Foreign Program Fee \$ \_\_\_\_\_  
 Home Study \$ \_\_\_\_\_  
 In-Country Fees \$ \_\_\_\_\_  
 INS Fees \$ \_\_\_\_\_  
 Notarization/Authentication \$ \_\_\_\_\_  
 Orphanage Fees \$ \_\_\_\_\_  
 Overseas Fees \$ \_\_\_\_\_  
 Translation Fees \$ \_\_\_\_\_  
 Travel First Trip \$ \_\_\_\_\_  
 Travel Second Trip \$ \_\_\_\_\_  
 Visas \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Adoption Cost** \$ \_\_\_\_\_

**Available Resources to Cover Adoption Costs**

Personal Funds (savings, etc.) \$ \_\_\_\_\_  
 Employer Benefit (if available) \$ \_\_\_\_\_  
 Personal Fundraising \$ \_\_\_\_\_  
 Donations \$ \_\_\_\_\_  
 Grants/Loans Received:  
 Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 Name: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Estimated Resources** \$ \_\_\_\_\_

**Deficit** (*Total Resources - Total Cost*) \$ \_\_\_\_\_

What types of things have you done with your family budget or assets in order to save money for adoption costs?

What types of fundraisers have you tried? Where they successful?

How many places have you submitted grant application to? Have you been accepted, denied or waiting for approval still?

## V. AGENCY AND ADOPTEE INFORMATION

Are you adopting through an official 501(c)(3) placement agency? \_\_\_\_\_

Date home study was satisfactorily completed \_\_\_\_\_ Date dossier was completed \_\_\_\_\_

Adoption Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ Agency State \_\_\_\_\_ Agency Zip Code \_\_\_\_\_

Agency Phone \_\_\_\_\_

Caseworker's Name \_\_\_\_\_ Caseworker's Business Phone \_\_\_\_\_

Caseworker e-mail address \_\_\_\_\_

*We realize that you may not yet have answers to the following questions. If you do not yet know an answer, simply leave the field blank--this will not impact your application. However, we ask that you do fill in the final box below to provide us with some information about your inspiration for adopting.*

Adoptee's First Name \_\_\_\_\_

Adoptee's Last Name \_\_\_\_\_

Adoptee's Birthdate \_\_\_\_\_

Adoptee's Country of Origin \_\_\_\_\_

Expected Placement Date \_\_\_\_\_

### *Additional Information:*

Are there any additional needs/special considerations? \_\_\_\_\_

What has inspired you to build your family through the miracle of adoption? \_\_\_\_\_