



ADOPTION GRANT INFORMATION

Before Applying

1. To apply for a Called to Care Grant, you must live in a Georgia county with a C2C chapter. Those counties include: Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Dougherty, Echols, Irwin, Lanier, Lee, Lowndes, Pierce, Sumter, Tift, Turner, Ware, and Worth.
2. *If your family is working with an agency*, then the agency must have 501(c)3 non-profit status and be Hague accredited. Also, your family must have a completed and approved home study.
3. *If your family is working with a lawyer*, then the lawyer must be in good standings with the Georgia State Bar and have no disciplinary complaints or actions within the past 5 years.

Things to submit with the Application

1. Signed Statement of Faith*
2. Signed Disclaimer and Consent Form*
3. Copy of home study
4. Pastoral Reference*
5. Verification from the agency or lawyer regarding fees (amounts paid and owed)
6. Completed Essay. This essay should cover the following:
 - a. Family description and history
 - b. Description of salvation experience
 - c. Explanation of how God has led your family to adopt
 - d. Explanation of why you believe you need financial assistance

*These are Called to Care specific documents that are attached.



APPLICATION FOR ADOPTION GRANT

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? _____

If so, Date _____

Husband's Employer _____

Length of employment _____

Wife's Employer _____

Length of employment _____

Date of Birth of Husband ____/____/____

Date of Birth of Wife ____/____/____

Names and ages of biological children in family _____

Have you adopted previously? _____

If yes, when? Names/ages? _____

What stage are you in the adoption process? _____

Do you have a specific child identified already for this adoption? _____

If yes, Age, Gender, Country? _____

Do you plan on adopting an older/special needs child? _____

Church Name and Denomination _____

Pastor's Name _____

Church Phone _____

Cell _____

Email _____

Family Blog Info _____

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

How much adoption assistance does your family desire? _____

Have you applied for other adoption grants/aides? If so, what is the status of each?

Is there any other important information that we should know? _____



STATEMENT OF FAITH

Called to Care, Inc. is established upon the following doctrinal statements.

1. We believe in the triune God, eternally existing and manifested as the Father, Son, and Holy Spirit.

2. We affirm that the Bible is the infallible and complete revelation of Christ to which nothing may be added or taken away (Rev. 22:18-19). All Scripture is God-breathed and is useful for teaching, rebuking, correcting, and training in righteousness. (2 Timothy 3:16)

3. We believe that Jesus Christ is the only begotten Son of God. Jesus was born of a virgin, lived a sinless life, died an atoning death, and was resurrected.

4. We believe that Jesus Christ died for our sins and that all who believe in Him are justified on the basis of His shed blood. All are sinful and in need of justification.

5. We believe that all who receive by faith the Lord Jesus Christ are children of God, and there is no other way of salvation. Baptism, Christian living, and church membership serve only as outward symbols and/or evidences of the individual's commitment to Christ.

6. We believe and abide by the Biblical definitions of marriage and family, including the Biblical emphasis on marriage, being a faithful relationship between one man and one woman; the sanctity of ALL human life, beginning with conception through the natural death of an individual; and the rejection of all alternative lifestyles not based on Biblical principles.

By signing this statement, we are agreeing that we believe in, follow, and practice all of the above statements.

Adoptive Mother

Adoptive Father

Date

Date



DISCLAIMER AND CONSENT FORM

1. 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 an application is not any type of acknowledgement or representation on behalf of Called to Care, Inc. that assistance will be granted or given.

2. The undersigned hereby authorizes any officer, employee, agent, representative or staff member of Called to Care, Inc. 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 authorizes any pastor, elder, minister or counselor to release to Called to Care, Inc. 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 / Lawyer _____

Case Worker _____

Phone / Email _____

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

4. The undersigned acknowledges that if the adoption is not completed or disrupted, Called to Care, Inc. reserves the right to contact the agency or lawyer about a refund.

5. The undersigned acknowledges that all funds, if granted, will be given directly to the adoption agency or lawyer. No funds will be given directly to the adoptive family.

Adoptive Mother

Adoptive Father

Date

Date



To Whom It May Concern,

A family in your church has applied to Called to Care, Inc. for an adoption grant. Called to Care, Inc. requires a pastoral reference be given before the family is considered for adoption assistance. Your provision of information on the following topics would be much appreciated. Please provide a typed or written reference letter. When complete, please sign and mail to: P.O. Box 2396, Tifton GA, 31793.

(Insert family name here)

1. Your relationship to the applicant(s) and the length of time you have known them;
2. Your assessment of the depth of their Christian walk;
3. Your assessment of their parenting ability or the type of parent(s) they will be;
4. Your assessment of the strength and commitment of their marriage;
5. Your assessment of their finances and their ability to provide financially for an additional child into the home;
6. Any other information (i.e., early childhood, young adult life, or current information) that may prove insightful to this organization in providing them with an adoption grant;
7. Please state whether or not there is any reason they would not be good candidates for adopting a child or receiving adoption assistance.
8. If you need the content of your letter to remain confidential, please indicate that.

Thank you very much!