



## Loving ARMs Grant Application

Our vision is to support and assist conservative Anabaptist families who desire to answer God's call to care for the fatherless and orphans through adoption and foster care, and to encourage the church to demonstrate God's heart by becoming involved in this ministry.

Name (husband and wife) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell -Phone \_\_\_\_\_

Husband Date of Birth \_\_\_\_\_ Wife Date of Birth \_\_\_\_\_

Country from which you are adopting \_\_\_\_\_ Number of children \_\_\_\_\_

Age of children \_\_\_\_\_ Any special needs? \_\_\_\_\_

If this is a domestic adoption have you done any hours of pre-adoption training? Y N

If yes, what? \_\_\_\_\_

### Current family profile

# of children \_\_\_\_\_ # of previous adoptions \_\_\_\_\_

Any current special needs? \_\_\_\_\_

Briefly describe \_\_\_\_\_

Name of adoption agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Home study agency if different than adoption agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Contact info of agent doing home study \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Is your home study complete? \_\_\_\_\_

Estimated cost of adoption, including home study and travel \$ \_\_\_\_\_

Amount paid to date \$ \_\_\_\_\_

Are there any past credit issues or bankruptcy? Y N Explain \_\_\_\_\_

Have you applied for additional grants? Y N If Yes, How many? \_\_\_\_\_

Husbands Occupation \_\_\_\_\_ Current employer \_\_\_\_\_

Employed since \_\_\_\_\_

Wife's Occupation \_\_\_\_\_ Current employer \_\_\_\_\_

Employed since \_\_\_\_\_

Home Church \_\_\_\_\_

Pastor's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell -Phone \_\_\_\_\_

Family reference name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Family reference name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Non-family reference name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Non-family reference name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Please include copy of completed home study, profile, medical report and photo of child. If you had your child's file evaluated by doctor, please include that report as well.

Please include a short personal testimony.

Grant monies will be disbursed only for qualified adoption expenses and will be paid directly to the service provider (adoption agency, travel agent, etc.). Grant funds will not be paid to the adoptive family.

Grant amounts are based on several factors, but will typically not exceed \$10,000.00

We hereby give consent for **Loving Adoption Resource Ministries** to contact your adoption agency and any other person or institution named in this application and we authorize such persons to release information to **Loving Adoption Resource Ministries**. We also understand and agree that **Loving Adoption Resource Ministries** is not obligated to provide any assistance to us.

Signature of Adopting Father \_\_\_\_\_

Signature of Adopting Mother \_\_\_\_\_

**Loving Arms**

301 N. Carpenter Street  
Schaefferstown Pa 17088  
717-553-9053