



Loving ARMs Grant Application

As a conservative Anabaptist organization our goal is to focus on assisting families who embrace and practice the 1921 Garden City confession of faith. To learn more about 1921 Garden City Confession of Faith see this link. <https://docplayer.net/100011203-1921-garden-city-confession-of-faith.html>

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

908 N. Reading Rd.
Ephrata, Pa 17522
717-553-9053