POST-ADOPTION CARE ASSISTANCE APPLICATION

A FEW QUICK CONSIDERATIONS

1. This application is for care assistance related to all adopted children (domestic, private or international).
2. Review the types of care criteria that are considered for financial assistance:
   - Counseling (for the adopted child, parents or family)
   - Assessment to access or qualify for specialized services
   - Training for adopted child or you as parents
   - Trauma care (e.g., EMDR therapy, etc.)
   - Neurofeedback or other interventions
3. Applications from all qualifying Canadian citizens will be reviewed.
4. You may only submit one Post-Adoption Care application per year to Lifesong Canada
5. Please note that all applications are reviewed and decided upon by a separate Advisory Group through an objective evaluation and independent decision-making process. The Advisory Group does not state its reasons for denying assistance to a family and a denial does not constitute a judgment that the family is a "bad" family.

APPLICATION CHECKLIST

To help *Lifesong Canada* process your application in a more timely manner, please use this as a checklist to ensure you have included all the necessary items. **If all information on this checklist is not submitted, it may delay your application being processed**. If you have not included something, please provide an explanation for consideration. Thank you!

	Included	**Explanation**
Lifesong Post-Adoption Assistance Application (7 pages)	Not yet	
Picture of Your Family	Not yet	
Last Year's Tax Return (T1 form first 2 pages only)	Not yet	
Receipts for expenses related to the adopted child(ren)	Not yet	

PERSONAL INFORMATION

Husband's Full Name: Birthdate: Age:

Wife's Full Name: Birthdate: Age:

Street Address: City: Prov:

Postal Code: Home Phone: Cellphone:

Primary Email: Secondary Email:

Date of Marriage: Any prior divorce? No Date:

Husband's citizenship: Wife's citizenship:

Husband's Employer: Length of Employment:

Wife's Employer: Length of Employment:

Dependent Children
(names & ages):

CHURCH INFORMATION

Church Name: Denomination:

Church Status: Member Occasionally attend Number of years: Church phone #:

Your church involvement:

May Lifesong contact your pastor? Yes Pastor's name:

Does your church presently have an adoption or orphan care ministry? Yes

Would your church be interested in establishing an **adoption fund** through Lifesong Canada? I'm not sure

Are you interested in receiving information to advocate for adoption in your church? Yes, please send

If this is your first time applying to *Lifesong Canada*, please complete the following section.

Who is God?

Who is Jesus Christ?

Who is the Holy Spirit?

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

Describe your daily walk with God:

What is salvation? How do you become saved?

Husband's salvation testimony:

Wife's salvation testimony:

POST-ADOPTION INFORMATION

Is this your first time applying to *Lifesong Canada* for Post Adoption Financial Assistance? Yes

Adopted Children (names/ages):

Briefly describe your adoption journey:

Do you have an adopted child(ren) who requires extra care/special needs/challenges? No

Describe the extra care / special needs / challenges / therapy / assessments the adopted child(ren) has:

Outline your hopes / expectations as you seek to find healing for your child(ren):

Describe your family's support network:

If you have a **picture of the adopted child(ren)** and are willing to share with Lifesong Canada, please include a photo(s) along with your application. Please also include a **photo of your current family**.

POST-ADOPTION COSTS

Type of Expense	Amount	Type of Expense	Amount
Counselor fees		Vehicle modifications	
Special Equipment		Home modifications	
Therapy fees		Other:	
Other:		**Total Post-Adoption Care Cost:**	

Which service provider / counselor / contractor / supplier are you intending to use for the above expenses?

Please indicate how you intend to finance your costs:

Personal Funds (savings, etc.)		Bank Loan	
Employer Benefit (if applicable)		Grant (Organization):	
Other source:		**Total Estimated Resources:**	

Deficit *(Total Resources – Total Cost)***: $**

Amount of Financial Assistance Requested:

Specify any special financial considerations or circumstances *Lifesong Canada* should be aware of:

PERSONAL REFERENCES

If this is your first time applying to *Lifesong Canada*, we require three references (Pastor, employer/co-worker, relative/friend) as part of your application. A unique reference form will be sent to each person to complete and send back to *Lifesong Canada*.

Reference	Name	Email	Phone
Pastor			
Employer/Co-worker			
Relative/Friend			

STATEMENT OF NET WORTH

As of Date:

You affirm that the following needs is 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	$
Chequing Accounts	$
Savings Accounts	$
Investment Accounts	$
Life Insurance Cash Surrender Value	$
Value of Vehicles	$
Value of Home (if owned)	$
Approximate Value of Household Items	$
Value of other owned items (write description)	
1.	$
2.	$
3.	$
Total Assets	**$**

Liabilities

Outstanding Credit Card Balances	$
Balances of Past Due Bills (excluding credit cards)	$
Auto Loan Balances	$
Any Other Amounts Owed (write description)	
1.	$
2.	$
3.	$
Total Liabilities	**$**

Net Worth **$**

(Assets – Liabilities)

CASH FLOW STATEMENT

(Both Monthly and Annual columns of cash flow must be completed)

Income		**Monthly**		**Annual**
Gross Salary/Wage	$		$	
Investment Income	$		$	
Other income:	$		$	
Other income:	$		$	
Total Income	**$**		**$**	

Expenses/Payments		**Monthly**		**Annual**
Taxes and other deductions from paychecks	$		$	
Mortgage/Rent	$		$	
Property Taxes	$		$	
Insurance	$		$	
Utilities (electricity, gas, internet, etc.)	$		$	
Other Housing Costs	$		$	
Telephone (include cell phones)	$		$	
Food	$		$	
Clothing	$		$	
Car Payment	$		$	
Car Insurance	$		$	
Gas/Maintenance	$		$	
Other Transportation Expenses	$		$	
Entertainment/Recreation	$		$	
Medical Expenses (not paid by health insurance)	$		$	
Church Giving	$		$	
Other Charitable gifts	$		$	
Other debt/expenses:	$		$	
Other debt/expenses:	$		$	
Total Expenses/Payments	**$**		**$**	

Cash Flow	**$**		**$**	

(Total Income – Total Expenses/Payments)

CONSENT FORM

1. **Purpose**
   The undersigned agrees that this application is being made for the purpose of obtaining financial assistance with caring for adopted child(ren). The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Lifesong Canada* that assistance will be granted or given.

2. **Authorization & Release**
   The undersigned consents to the release of any information to any authorized *Lifesong Canada* employee or agent from any individual listed on the attached list of references. The undersigned further authorizes any pastor, elder, or minister included in the list of references to release to *Lifesong Canada* or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

3. **Limit of Liability**
   The undersigned acknowledges that *Lifesong Canada* has made no representation or warranty that financial aid will be furnished to the undersigned; and further acknowledges that *Lifesong Canada* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lifesong Canada* 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 *Lifesong Canada* permission to use their story and/or photographs on the *Lifesong for Orphans Canada* website, and/or printed material, with the purpose of helping families to adopt children.

5. **Personal Agreement**
   The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the post-adoption grant process for *Lifesong Canada* (LSC):
   1. We understand we may not donate money to LSC towards our own adoption expenses and receive a tax deduction.
   2. We agree to provide documentation as verification of adoption-related expenses as requested by LSC for payment / reimbursements of any kind.

6. **Signatures**
   We are providing this information to *Lifesong Canada* 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:

Send the completed application to Lifesong Canada by **email** (adoption@lifesongcanada.org) or by **mail:**
Attn: Adoption Assistance Program
867558 Township Rd. 10, Bright, ON, N0J 1B0