



Adoption  
Assistance  
Grant  
Application

Defending human life from conception to natural death

Hot Springs Area Right to Life (HSARTL) believes that adoption embodies God's own self-sacrificial love and unconditional grace. Adoption shows the boundless preciousness of every human life—created, redeemed, and wanted forever by the Lord Himself! Adoption rescues a child in need into a forever home. HSARTL wants to do what we can to encourage adoption.

HSARTL awards grants to support domestic and international adoptions. All applications are welcome, but due to limited funding, we are unable to award grants to all qualified applicants. Funding priority will be given, but not limited, to families with the greatest financial need who complete the application process with integrity and establish that they are equipped to provide a child with a loving home.

HSARTL Adoption Assistance Grants range from \$500 - \$1000. All funds are usually dispersed directly to the adoption agency.

**Deadlines:**

There are six application deadlines throughout the year:

Feb. 28<sup>th</sup>, April 30<sup>th</sup>, June 30<sup>th</sup>, Aug. 31<sup>st</sup>, Oct. 31<sup>st</sup>, Dec. 31<sup>st</sup>

Your application is complete after you successfully submit your application and all references and documents are submitted. All information that is submitted will be kept confidential. If a portion of your application or references is not complete, you will be moved to the next deadline. You will receive notification of the outcome of your application by email.

**Qualifications:**

To apply for a HSARTL Adoption Assistance Grant:

- You must be a U.S. Citizen.
- You must be a resident of Fall River County in South Dakota, USA.
- You must have an approved current home study from a licensed child placement agency and/or social worker.
- You must be working with a licensed child placement agency.
- Normally, we approve grants for families who are in the process of adopting; however, we realize sometimes adoptions are finalized quickly. As long as a couple can prove they have adoption related expenses after adoption finalization, a grant application can be submitted.

**Please do not apply if:**

- You are pursuing an embryo adoption.
- You are just starting the adoption process and do not have a completed home study.

**The process:**

- Complete and sign the Adoption Assistance Grant Application.
- Submit a copy of your most recent income tax return (black out social security numbers)
- Submit a copy of recent (two months) check stubs for all reported income earners. Note: If you are self-employed you must provide the last two months of your business/personal bank account statements to show proof of income.
- Submit a copy of your approved and current home study.
- Submit two letters of reference. Note: You can make copies of the letters of reference that were used to obtain your home study.

**Adoption Assistance Grant Application:**

Head of Household Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Are you and/or your spouse a U.S. Citizen? \_\_\_\_\_

Names/Ages of Children

Email(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Complete Home address: \_\_\_\_\_

Head of Household Employer: \_\_\_\_\_

Head of Household Position Title: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Position Title: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_

I/We am/are seeking financial assistance as I/we pursue the adoption of:

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Description of Special Needs: \_\_\_\_\_

\_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name of Case Worker: \_\_\_\_\_

Email of Case Worker: \_\_\_\_\_

Why are you pursuing adoption?

**Financial Information:**

*Assets*

Residence (market value): \_\_\_\_\_

Savings/Checking: \_\_\_\_\_

Other: \_\_\_\_\_

Total Assets: \_\_\_\_\_

*Liabilities*

Mortgage: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Other: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Monthly Expenditures: \_\_\_\_\_

Cost of the Adoption: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount Remaining: \_\_\_\_\_

What are some of the upcoming expenses that you anticipate with the adoption?

How much do you wish to receive from this grant? \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Return this form and all required documents to:**

Hot Springs Area Right to Life

Attn: Grant Coordinator

27528 Renee Ct.

Hot Springs, SD 57747