



Our Belief

We believe in families and in bringing loving parents and children together. The National Adoption Foundation (NAF) provides financial resources, information and services for adoptive and prospective adoptive families. We believe in supporting families so they can thrive and grow.

NAF's Programs

Aid to families for expenses associated with the adoption and raising of children is available through grants provided by NAF and unsecured loans provided through American General Financial Services. For more information or to find out how you can help us in this important work, call us at [phone number].

How to Begin

The grant process begins with a complete financial assistance application submitted by the adoptive parent(s). The Foundation's Board of Directors will evaluate this application and financial assistance to qualified applicants will be determined. The Foundation cannot, however, guarantee that all qualified applicants will receive assistance.



Next Steps

1. The NAF Board of Directors meets the last week of each quarter of the calendar year to review all applications submitted for the quarter.
2. Depending on available funds, the Board determines the amount of each award and the number of grants to be awarded.
3. The primary requirement for eligibility for the NAF's grant program is a home study (either completed or in process). The program does not exclude anyone for race, ethnicity, gender, age, sexual orientation, family characteristics, or income and is open to all legal adoptions of non-related children and does not exclude private adoption, agency adoption, international adoption, or special needs adoption.
4. Grant recipients will be contacted by the NAF. If you do not hear from the Foundation, we advise that you request a review of your application at the next quarterly meeting.
5. Per your instructions, grant monies will be forwarded to your agency, attorney, or other adoption service provider and held in escrow to be disbursed as expenses are incurred. If you terminate the adoption process for any reason, you are required to return the remaining funds in your account to the Foundation.

Please complete this section...

We understand that this application becomes part of our file with the NAF and that the completion of this application does not guarantee financial assistance. Any untrue answer on this application or subsequent documents will be grounds to decline approval.

Date Signature

Date Signature

You may add additional pages to more fully explain your situation and need. Return completed application to:

National Adoption Foundation
100 Mill Plain Road
Danbury, CT 06811
Phone (203) 791-3811 • Fax (203) 791-3801

Please consider including a donation to the National Adoption Foundation along with your application so that we may continue to meet the needs of the ever-growing adoption community. Donations of \$5.00, \$10.00 or more, at your discretion, would be most welcome and very much appreciated.



The National Adoption Foundation

We think all families are special.



The National Adoption Foundation provides financial assistance to qualified applicants who want to bring a child into their special family.



**THE NATIONAL ADOPTION FOUNDATION
FINANCIAL GRANT APPLICATION**

Prospective father's name _____ Date of birth _____

Prospective mother's name _____ Date of birth _____

Address _____

Home telephone number _____ Date of marriage _____

Prospective Father _____ Occupation _____

Name and address of employer _____

_____ Salary _____

Date employment began _____ Highest level of education completed _____

Number of previous marriages _____ Number of divorces _____

Any health problems:

Prospective Mother _____ Occupation _____

Name and address of employer _____

_____ Salary _____

Date employment began _____ Highest level of education completed _____

Number of previous marriages _____ Number of divorces _____

Any health problems:

Children's names and ages (Please include children of previous marriages.)

_____ Age _____ Adopted _____ Biological _____

_____ Age _____ Adopted _____ Biological _____

_____ Age _____ Adopted _____ Biological _____

_____ Age _____ Adopted _____ Biological _____

Name, address, and telephone of agency or individual providing home-study:

Date of completed home-study _____ or expected date of completion

Please explain your motivation to adopt:

Characteristics of the child(ren) you will be adopting or hope to adopt. Include information about the child's special needs if any:

Special financial considerations or circumstances that make affording adoption expenses difficult: