A Child’s Hope Int’l, Inc. exists to fulfill the commission from the Father of the fatherless as expressed in James 1:27.

There are too many at risk children in the world for one person or family to care for. The Church, however, has the resources and the biblical mandate to help these children.

The mission of A Child’s Hope Int’l is to motivate and mobilize the Church to care for the orphans and vulnerable children in their distress.

The vision of A Child’s Hope Int’l is to see each church wrap around at least one child using at least one of the four bridges of care – adoption, foster care, orphan care, or humanitarian relief.

The A Child’s Hope Int’l Adoption Grant is one way we endeavor to help the church and to encourage families in their adoption journey.
FAMILY AGREEMENT FOR THE ACHI ADOPTION GRANT

Applicant Family Name: ____________________________

INTRODUCTION

We are honored to have the blessing of helping you on your adoption journey. Our desire is to help reduce the financial burden of your adoption expenses. Given the broad implications of our assistance, we must begin with a few legal and tax matters to establish the foundation of our agreement. Our first responsibility is to protect the charitable status and financial integrity of A Child's Hope Int'l. As well, we endeavor to protect the families we serve, the financial resources we gather, and the assistance we provide to orphans and vulnerable children.

It is very important that you understand how the A Child's Hope Int'l (ACHI) Adoption Grant works so that you can be an informed resource to donors who may provide charitable gifts for us to award to you and other adoptive families.

The A Child's Hope Int'l Adoption Grant provides a wonderful opportunity for adoptive families to raise funds from their network of friends and family into a charitable adoption fund. This is only possible because A Child's Hope Int'l manages that adoption fund in strict accordance with IRS guidelines and the Evangelical Council for Financial Accountability (ECFA) standards.

To ensure that each adoptive family seeking participation in our adoption fund fully understands the guidelines and controls to which A Child's Hope Int'l will adhere, we ask you to read and initial each of the explanations below and sign at the end of this document. This will indicate your understanding and willingness to adhere to this agreement.

STATEMENT OF FAITH AND SHARED BELIEIFS

Please read the A Child's Hope Int'l web pages that define Our Core Values, Our Beliefs, and Our Mission and Vision. By initialing below, you are confirming that you share our beliefs and biblical values. The A Child’s Hope Int'l Adoption Fund represents a community of adoptive families who are committed to raising their children in a Christian faith environment consistent with our Statement of Faith. If you do not align with our values, then your family falls outside of our core mission and your application will not be accepted for participation in our adoption grant program. We would encourage you to explore the other types of resource assistance provided in our Adoption Resources section of our website.

PLEASE INITIAL
Parent 1: _______________  Parent 2: _______________
Requests for adoption assistance are numerous while the availability of funds is limited. Unlike other funds, the A Child's Hope Int'l Adoption Grant can be used for multiple adoptions within the same family. Please note that each funding request requires a new application – with the validity of that new request standing upon its own merit. The completed home study is the first step in the process, followed by the formal application, new financial statements, and new references (the same person may be used but the reference must be new and dated so as to ensure nothing has changed since the last reference was provided).

PLEASE INITIAL
Parent 1: ________________  Parent 2: ________________

CHARITABLE REQUIREMENTS

A Child's Hope Int'l is a 501(c)(3) nonprofit ministry and is a member in good standing with the Evangelical Council for Financial Accountability (ECFA) as well as other accreditation agencies. In order to protect our federal charitable status with the IRS and our membership with ECFA, A Child's Hope Int'l manages its adoption grant fund by the strict standards outlined in this document.

These standards are part of the procedures A Child's Hope Int'l has in place to adhere to IRS regulations and to protect the charitable integrity of a donor's gift. IRS regulations require that donations be made to the approved charitable entity (i.e. A Child's Hope Int'l) and not the individual (family). Per the IRS, A Child's Hope Int'l must maintain full control and administration of all donated funds. For that reason, you will find this information fully disclosed on all donation forms, receipts, and related materials.

NOTE: It is the responsibility of each participating individual (family) to help communicate this clarification to ANY donors you may contact in support of your adoption.

Any repeated requests by a family participating in the A Child's Hope Int'l Adoption Grant in a way that is in violation of these standards is grounds to cancel their participation. In addition, they forfeit any benefits from charitable contributions which they have helped raise for the fund. All charitable gifts are given with the understanding that A Child's Hope Int'l has full administration and control of all donated funds.

PLEASE INITIAL
Parent 1: ________________  Parent 2: ________________
Donors are permitted to state a preference as to how their contribution is used. They may request that their gift support a particular family that has been approved by A Child’s Hope Int'l to participate in the A Child’s Hope Int'l Adoption Grant. The gift however must be given in support the charitable mission of A Child’s Hope Int'l to assist Christian families to adopt. Their preference is secondary to the primary mission of A Child's Hope Int'l.

A Child’s Hope Int'l will consider that preference request, while the ultimate authority regarding the disposition of the funds is at the discretion of A Child’s Hope Int'l as the charitable organization.

NOTE: Donors should not write the name of the family they are requesting to support anywhere on a check sent to A Child’s Hope Int'l. Doing so would eliminate that gift’s charitable nature because in an IRS audit situation it shows the primary intent of the donor was to give to an individual instead of the charitable organization. Any request to support a particular family’s adoption should be done by using the online form, including a contribution form with the check, or simply enclosing a personal note stating the preference.

A Child’s Hope Int'l is grateful for each donation given to the A Child's Hope Int'l Adoption Fund. Broad participation in the fund makes it more likely that each approved family will receive the grant funds intended to reduce the financial burden of their adoption. As the Lord allows, our intent is to fund qualified adoption expenses for each family participant with at least the total amount they helped raise for the ACHI Adoption Fund.

PLEASE INITIAL
Parent 1: _________________  Parent 2: _________________

PERSONAL CONTRIBUTIONS TO YOUR OWN FUND

Families cannot make a charitable contribution toward their own fund, either directly or through a private foundation or donor advised fund which they oversee. To maintain the charitable integrity of any support a family may receive from the adoption grant, we encourage participating families to seek contributions from a broad and diverse public group.

PLEASE INITIAL
Parent 1: _________________  Parent 2: _________________
A Child's Hope Int'l will not grant or loan funds beyond the determined need for a family's adoption expenses. Any change in the estimated adoption expense in the family's application should be updated and documented with A Child's Hope Int'l as soon as possible. Any funds that a family helps raise over and above their family's personal adoption needs should be done so with no expectation of those funds being granted toward their adoption and will become part of the general A Child's Hope Int'l Adoption Grant available resources.

A family that helps raise a significant amount of funds beyond their adoption needs will be able to bless other adoptive families supported by A Child's Hope Int'l. Those excess funds will be used solely to support additional adoptive families and will not be used for other non-adoption aspects of the ministry.

**PLEASE INITIAL**

Parent 1: _______________  Parent 2: _______________

**USE OF THE GRANT FUNDS**

As mentioned earlier, any grants disbursed from A Child's Hope Int'l rarely get sent directly to the participating family. Instead the disbursements from A Child's Hope Int'l Adoption Fund go to third party service providers (your adoption agency, lawyer, travel agent, etc.). It is the policy of A Child's Hope Int'l not to provide funds that are primarily for the benefit of the family versus relieving the financial burden of adoption.

Acceptable expenses for adoption grant disbursements:

- Adoption Agency fees
- Social Worker fee for a home study and home visits
- Legal fees for lawyer services and law firm expenses
- Orphanage donations (preferably handled by your agency liaison)
- Travel costs for parents and the adopted child to enter the country and return home

Expenses not acceptable for adoption grant disbursements:

- Personal mileage reimbursement
- Personal meal expenses
- Sightseeing travel or personal trips not required as part of the adoption
- Travel expenses related to other family members (siblings, etc.)
- Personal home modifications or improvements to accommodate an adopted child
- Fees paid to intermediaries, or gifts (financial or otherwise) to facilitate or expedite the adoption

**PLEASE INITIAL**

Parent 1: _______________  Parent 2: _______________
TERMINATION OF AN ADOPTION PROCESS

Any family in the A Child's Hope Int'l Adoption Grant process that terminates their adoption pursuit cannot withdraw funds originally identified as allowed expenses. All funds they helped raise for the A Child's Hope Int'l Adoption Grant will be used to assist other families in need. Charitably contributed gifts cannot be returned to donors and will be used for the purpose for which they were given, which is to help Christian families adopt. If a family suspends their adoption pursuit (for instance, after an adoption where the birth parents changed their mind), but intends to pursue again in the future, A Child's Hope Int'l asks that they remain in continued contact with the ministry and they can remain an active participant in the A Child’s Hope Int'l Adoption Grant process.

PLEASE INITIAL
Parent 1: ________________ Parent 2: ________________

GRANT FUNDS AND ADOPTION TAX CREDIT

Grant funds received by a family reduce the amount of adoption expenses that can be claimed as part of the Federal Adoption Tax Credit. Please be advised however, that loans do not reduce the amount of adoption expenses that can be claimed as part of the Adoption Tax Credit.

A combination of grants and interest free loans is the best way to maximize the impact of the Adoption Tax Credit on overall adoption costs. Families should confer with their personal accountant or tax advisor to ensure they are getting the full value of the Adoption Tax Credit.

PLEASE INITIAL
Parent 1: ________________ Parent 2: ________________

SERVICE FEE FOR THE GRANT FUND

While A Child’s Hope Int'l attempts to minimize administrative fees by conducting various events, please know there are fees associated with bankcard contributions and maintaining online fundraising pages that are unavoidable. To that end, a nominal 5% fee may be deducted from all donations to the A Child’s Hope Adoption Int'l Grant to cover those costs.

A Child’s Hope Int'l maintains the right to waive these fees in special circumstances and partnerships at its discretion. Any need to increase these fees will be communicated to all participating families prior to the increase taking affect and with the option for the family to no longer participate.

PLEASE INITIAL
Parent 1: ________________ Parent 2: ________________
AFFIRMATION

We have read this agreement, understand the IRS guidelines which A Child’s Hope Int'l must adhere to, and pledge to help communicate to our donors the distinction of making a contribution to A Child’s Hope Int'l Adoption Fund (the charitable entity) versus making a personal gift to your family (which would not qualify as a charitable gift).

After carefully reading and reviewing each section, our mutual signatures reflect our understanding and affirmation for the Family Agreement for the A Child’s Hope Int'l Adoption Grant. We will ensure that potential donors know of the legal and tax implications of their gifts to A Child's Hope Int'l and will do everything possible to ensure compliance.

PLEASE INITIAL
Parent 1: ________________  Parent 2: ________________

Parent 1 Signature: _______________________________  Date: ________________

Parent 2 Signature: _______________________________  Date: ________________
The adoption grant process takes time to complete as there are several requirements which must be satisfied. You will need to complete some forms and will collect references from others. Hopefully, much of the information is already available to you as part of your home study and initial adoption application.

The adoption grant committee will only meet and assess your application once the entire packet is complete. We will do all that we can to expedite the decision once we receive the completed forms below.

This checklist is designed to help you compile the material you need in a timely fashion. You may compile all the information and send to us at once, or you may send each of the documents as you have them available. Please keep this for your own records.

**CHECKLIST**

Applicant Family Name: ____________________________

1. Family agreement .......................................... Date completed: ____________
2. Grant application ........................................ Date completed: ____________
3. Home study ................................................... Date completed: ____________
4. References
   a. Employer .................................................... Date completed: ____________
   b. Personal/Friend .......................................... Date completed: ____________
   c. Pastor .................................................... Date completed: ____________
5. Tax returns
   a. Most current .............................................. Date completed: ____________
   b. Previous year ............................................ Date completed: ____________

Notes:
GRANT GUIDELINES

To be considered for financial assistance from the A Child’s Hope Int’l Adoption Grant applicants (single or married) must:

1. Be an active follower of Jesus Christ and
2. Be a regular attendee of an evangelical church\(^1\).
3. Be engaged in this church which has or is in the process of starting an adoption or orphan care ministry.
4. Have completed a home study for the pending adoption\(^2\).
5. Have completed this application and all supporting documents.

Following receipt of the completed application, an interview before the A Child’s Hope Int’l Adoption Grant committee may be scheduled. Applicants will be eligible for a grant based upon available funds.

At the conclusion of the review period, all applicants will be notified in writing as to the status of their grant application. As standard practice, any awarded grants will be paid directly to the adoption agency rather than to the family.

A Child’s Hope Int’l will award adoption grants without prejudice and without consulting donors for their preference. All donations to the A Child’s Hope Int’l Adoption Grant become the property of A Child’s Hope Int’l to be used solely for eligible families in the active adoption process now or in the future.

The grant application must be accompanied by the signed copy of the Family Agreement for the A Child’s Hope Int’l Adoption Grant.

NOTE: Awards from the A Child’s Hope Int’l Adoption Grant are available for up to three adoptions within the same family regardless of the time period. In this way, limited funds are available for as many adoptions as possible.

---

\(^1\) Your church pastor will be asked to validate this important guideline by telephone, personal meeting, email or letter.

\(^2\) In rare circumstances, the committee will consider an application prior to the completion of a home study.
GENERAL INFORMATION

Applicant Last Name: _____________________  First Name: _____________________

Street Address  City  State  Zip

Home Phone: (____) _____________  Cell Phone: (____) _____________

Email Address: ____________________________________________________________

Marital Status:  ❑ Single  ❑ Married

If married:
Spouse Last Name: _____________________  Spouse First Name: _____________________

FAMILY INFORMATION

Child #1: ____________________________________________________________  Age: _________
Child #1: ____________________________________________________________  Age: _________
Child #1: ____________________________________________________________  Age: _________
Child #1: ____________________________________________________________  Age: _________
Child #1: ____________________________________________________________  Age: _________
Child #1: ____________________________________________________________  Age: _________

Have you adopted previously?  ❑ Yes  ❑ No

If yes, what year? _____________________
CHURCH INFORMATION

Name of church that you attend regularly: ___________________________________________
____________________________________________________________________________

Street Address: __________________________ City: __________ State: _______ Zip: _______

Church Office Phone: (___) ______________

Church Website Address: _______________________________________________________

Sr. Pastor Name: _______________________________________________________________

Email Address: _________________________________________________________________

Does this church have an adoption or orphan care ministry?  ❑ Yes  ❑ No
If yes, name of ministry: _______________________________________________________

Page | 3
CHURCH INVOLVEMENT

Please describe how your church supports adoption, foster care, orphan care, or caring for vulnerable children (see below for examples). If the church is not involved currently, we would be willing to help get them started as this may be the perfect time for them to begin. The goal is to see the church wrap around the families called to this special “journey of faith”. Your personal journey may be the catalyst that encourages others to do the same.

The following are typical examples used by other churches. Please circle each bullet that applies to your church support of orphans and vulnerable children.

- Special sermons are dedicated to the subject by the pastor or outside speakers at least once/year
- Offers Sunday School classes, small group, or devotional material for those interested (i.e. using Journey to the Fatherless or another well-known resource)
- Offers financial help for adoptive parents as a line item in the annual budget
- Conducts special Orphan Sunday programs at least once/year
- Validates those involved from the pulpit for prayer, testimony, or encouragement
- Lists their adoption ministry (on their web site, bulletin, etc.) and how to contact them
- Purchases books and other resources for those interested in adoption, etc.
- Supports the installation of freshwater wells, holds high protein food programs (i.e. Hands Against Hunger®, Promise Water™, etc.)
- Provides financial support enabling an orphan to attend school
- Actively involved in freeing children from the sex trade industry
- Sponsors mission trips to orphanages
- Works with local Jobs and Family Services for foster care involvement
- Sends church staff or families to the annual Christian Alliance for Orphans conference
- Helps families with difficult counseling needs related to adoption, etc. with resources from the church budget or compassion fund
- Offers a program or event (on adoption, foster care, etc.) and invites the community to attend
- Conducts foster care training at the church
- Has a wraparound model of support for families (adoptive, foster care, etc.)
- None of the above but they want to be involved and need help
REFERENCE INFORMATION

Please list the names of three individuals who will be asked for personal references. Please provide a copy of the appropriate form (located at the end of this application) to each of your references listed. Applications will be considered once all required reference letters are submitted. Those forms and letters are to be returned directly to A Child's Hope Int'l per the instructions on the reference form.

The information you are providing here allows us to track the responses and to know which ones have been received so we can keep you advised of the status of your application.

Reference 1: Employer or Coworker

Name: ______________________________________________________

Email Address: ______________________________________________

Relationship: ___________________________  Cell Phone: (_____) ________

Reference 2: Personal/Friend

Name: ______________________________________________________

Email Address: ______________________________________________

Relationship: ___________________________  Cell Phone: (_____) ________

Reference 3: Church Pastor

Name: ______________________________________________________

Email Address: ______________________________________________

Relationship: ___________________________  Cell Phone: (_____) ________
APOPTION AGENCY INFORMATION

Adoption Agency Name: __________________________________________________________

Street Address
City
State
Zip

Agency Phone: ( ____ ) _____________ Website Address: ___________________________

Case Worker First and Last Name: ____________________________________________

Street Address
City
State
Zip

Office or Cell Phone: ( ____ ) _____________

Email Address: _____________________________________________________________

HOME STUDY AGENCY INFORMATION

Home Study Agency Name: _____________________________________________________

Street Address
City
State
Zip

Agency Phone: ( ____ ) _____________

Website Address: ___________________________________________________________

The name and details for the social worker assigned for your personal home study:

Social Worker First and Last Name: ___________________________________________

Street Address
City
State
Zip

Office or Cell Phone: ( ____ ) _____________

Date home study was completed and approved: _________________________________
ADOPTION INFORMATION

Type of adoption:  ❑ Domestic  ❑ Foster Care  ❑ International  ❑ Special Needs

Age(s) of the child(ren) you are planning to adopt? ________________________________

Please use this space for any comments you feel are relevant to this application:

We realize that you may not yet have answers to the following questions. If this is the case, simply leave the field blank - this will not impact your application. If you do not have a referral yet, please provide information about the child(ren) that you have requested. (For instance, you might say "Requested a boy under 2 years old")

Adoptee's Birth Name: __________________________________________________________

Adoptee's Birth Date: _________________________________________________________

Adoptee's Birth Country: ______________________________________________________

Expected Placement Date: _____________________________________________________
ADOPTION JOURNEY

Please describe, within the space allowed, your adoption journey, how it began, and what you have learned. Each parent should include their own story here.
PERSONAL TESTIMONY

Please briefly share your story, within the space allowed, as to how you became a follower of Christ. Each parent should include their own story here.
Please describe your financial request in this section including a list of expenses for the adoption. List the name and amount of funds that have been received or are pending from loans, grants, and gifts. Specify the amount of the help that you are requesting from the A Child's Hope Int'l Adoption Grant.

Itemize in your request what you have done personally to save the monies needed and what sacrifices you will make in terms of expenses to fulfill this adoption. Some families have cut their cable TV, limited their cell phone plans, suspended vacations, eaten out only once/month, taken on part time work, sold items on eBay, etc.

Funds are limited and every attempt will be made to assist you with your request.
## ESTIMATED ADOPTION COSTS

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Fees</td>
<td>$</td>
</tr>
<tr>
<td>Notary / Authentication</td>
<td>$</td>
</tr>
<tr>
<td>Foreign Program Fees</td>
<td>$</td>
</tr>
<tr>
<td>Translation Fees</td>
<td>$</td>
</tr>
<tr>
<td>Home Study</td>
<td>$</td>
</tr>
<tr>
<td>Travel First Trip</td>
<td>$</td>
</tr>
<tr>
<td>In-Country Fees</td>
<td>$</td>
</tr>
<tr>
<td>Travel Second Trip</td>
<td>$</td>
</tr>
<tr>
<td>INS Fees</td>
<td>$</td>
</tr>
<tr>
<td>Visas / Passports</td>
<td>$</td>
</tr>
<tr>
<td>Orphanage Donation</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Total Adoption Costs</td>
<td>$</td>
</tr>
</tbody>
</table>

## YOUR SOURCE OF FUNDS TO FINANCE ADOPTION

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Estimated Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Savings</td>
<td>$</td>
</tr>
<tr>
<td>Personal Loans</td>
<td>$</td>
</tr>
<tr>
<td>Employer Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Grants</td>
<td>$</td>
</tr>
<tr>
<td>Home Equity Line Loan</td>
<td>$</td>
</tr>
<tr>
<td>Tax Credits</td>
<td>$</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$</td>
</tr>
<tr>
<td>Church Grants</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Family and Friends Gifts</td>
<td>$</td>
</tr>
<tr>
<td>Total Estimated Resource</td>
<td>$</td>
</tr>
</tbody>
</table>
## MONTHLY INCOME AND EXPENSES

<table>
<thead>
<tr>
<th>Gross Income</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Tithe</td>
<td>$</td>
</tr>
<tr>
<td>Charitable Donations</td>
<td>$</td>
</tr>
<tr>
<td>Taxes (Federal, State, Local, FICA)</td>
<td>$</td>
</tr>
<tr>
<td>Debit Repayment (not including Home Mortgage)</td>
<td>$</td>
</tr>
</tbody>
</table>

### Net Income

(Net Income $) = 
(Gross Income $) - (Church Tithe $) - (Charitable Donations $) - (Taxes $) - (Debit Repayment $)

| Housing | $ |
| Mortgage/Rent | $ |
| Property Taxes | $ |
| Property Insurance | $ |
| Utilities (cell, cable, Internet) | $ |
| Other | $ |
| Food | $ |
| Clothing | $ |

### Transportation

- Car Payment $ |
- Insurance $ |
- Gas/Maintenance $ |

| Entertainment/Recreation | $ |
| Medical Expenses | $ |
| Insurance | $ |
| Gifts | $ |
| Miscellaneous | $ |

### Total Living Expenses

(Net Income $) - (Total Living Expenses $) = Available Funds

| Total Living Expenses | $ |
| Available Funds | $ |
## STATEMENT OF NET WORTH

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>On hand</td>
<td>$</td>
</tr>
<tr>
<td>Checking</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
<tr>
<td>Investments</td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td>$</td>
</tr>
<tr>
<td>Bonds</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate (other than your home)</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Accounts</td>
<td>$</td>
</tr>
<tr>
<td>Personal Property</td>
<td></td>
</tr>
<tr>
<td>Auto 1</td>
<td>$</td>
</tr>
<tr>
<td>Auto 2</td>
<td>$</td>
</tr>
<tr>
<td>Household</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate (Home – market value)</td>
<td>$</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
</tr>
<tr>
<td>Current Bills</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>$</td>
</tr>
<tr>
<td>Auto Loans</td>
<td>$</td>
</tr>
<tr>
<td>Home Mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$</strong></td>
</tr>
<tr>
<td><strong>Estimated Net Worth</strong> (Assets - Liabilities)</td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>
HOW YOU CAN HELP

Applicants are encouraged to solicit funds for the A Child’s Hope Int'l Adoption Grant from their network of relationships. Please see the separate Family Agreement for the A Child’s Hope Int'l Adoption Grant which explains the donation process in detail.

A Child's Hope International does not validate or qualify tax deductibility status. That remains the responsibility of the donor’s tax advisor.

Recipients are encouraged to donate to the A Child's Hope Int'l Adoption Grant once their adoption is completed and as they are able. This ensures that A Child's Hope Int'l Adoption Grant continues and is available to all future applicants.

CONCLUSION

Thank you for your desire to adopt and for the time and effort you have spent to provide us with information about you, your family, and your adoption journey. You will be hearing from us as soon as all materials have been received.

Once we have received all your reference letters, we will be able to review your full application and schedule an in-person interview. We look forward to hearing from and meeting with you soon!

Please send to the address below the attached application and the following documents:

- Proof of your completed and approved home study
- Signed IRS tax statements for the current and previous year.

In addition, please request your references to send their completed materials directly to us to the same address as soon as possible. Do not collect the references personally as they must remain confidential and protected.

Submit Application to:

A Child's Hope Int'l, Inc.
A Child's Hope Int'l Adoption Grant
2430 East Kemper Road
Cincinnati, OH 45241
513-771-2244

If you have questions, after you have submitted the application, please contact us at adoption@achildshopeintl.org.
EMPLOYER OR COWORKER REFERENCE

Name of Family Providing Reference For: __________________________________________

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family’s life, but we ask you to be as candid as possible. Each reference is confidential. Please answer each question on this reference completely on a separate page along with this form and return to us by:

- mail to A Child’s Hope Int'l, 2430 East Kemper Road, Cincinnati, OH 45241
- email at adoption@achildshopeintl.org
- fax at 513-828-6852

Please do not hesitate to call us with questions at 513-771-2244.

NAME AND CONTACT INFORMATION OF EMPLOYER OR COWORKER

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Please be as thorough as possible while answering these questions.

1. How long have you known this family?
2. How are you acquainted with this family?
3. How would you describe this family?
4. Do you have any concerns about them as parents or adopting?
5. Please add any additional comments or concerns.

Signature ___________________________ Date ___________________________
PERSONAL/FRIEND REFERENCE

Name of Family Providing Reference For: __________________________________________

Thank you for taking the time to complete this reference form on behalf of the family. We understand that you may not know all the details of the family's life, but we ask you to be as candid as possible. Each reference is confidential. Please answer each question on this reference completely on a separate page along with this form and return to us by:

- mail to A Child's Hope Int'l, 2430 East Kemper Road, Cincinnati, OH 45241
- email at adoption@achildshopeintl.org
- fax at 513-828-6852

Please do not hesitate to call us with questions at 513-771-2244.

NAME AND CONTACT INFORMATION OF PERSONAL/FRIEND REFERENCE

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Please be as thorough as possible while answering these questions.

1. How long have you known this family?
2. How are you acquainted with this family?
3. How would you describe this family?
4. Do you have any concerns about them as parents or adopting?
5. Please add any additional comments or concerns.

________________________________________
Signature

________________________________________
Date
PASTOR REFERENCE

Name of Family Providing Reference For: ________________________________________

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NAME AND CONTACT INFORMATION OF PASTOR

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Please be as thorough as possible while answering these questions.

1. How long have you known this family?
2. How would you describe this family?
3. Please describe the family's church involvement.
4. Please describe the family's spiritual life and witness for Christ.
5. Please add any additional comments or concerns.

Signature ______________________________ Date ____________