



## Forever Family Fund GUIDELINES

This designated account has been established to financially assist qualified Christian families in Calcasieu Parish with a partial amount of their international, domestic or foster adoption expenses.

The fund will be administered by a committee of the FAMILY Ministry of Trinity Baptist Church.

1. To begin the application process, applicants **MUST** have a completed, certified, home study that has been approved by a qualified agency or licensed professional in the state of Louisiana. A photocopy of which must be attached to the application.
2. Applicants adopting internationally or domestically must be associated with a licensed adoption agency or attorney. You will be asked to provide all contact information.
3. Applicants with foster to adopt must be a certified foster family with the Department of Children & Family Services (DCFS). You will be asked to provide contact information of your appointed social worker.
4. Applicant (s) must be a Bible-believing, Christian family whose daily life models that of Jesus Christ and may be either a married couple or single individual.
5. Applicants must be a legal US citizen and a resident of Calcasieu Parish. Copy of Drivers License should be attached to the application.
6. There is no income requirement.
7. Applicants must be active members of their church. Application must include a written reference from your pastor, on church letterhead, indicating his support of your adoption.

8. Applicants will be required to submit with application their written salvation testimony and an adoption testimony of how God has led them to adopt.
9. The FAMily ministry grant committee meets four times a year, during the last week of each quarter, to award adoption grants. Deadlines for receiving grant applications each quarter are: January 15, April 15, July 15, and October 15. Applications must be received by these dates to be considered for the quarter. Applicants will be notified via phone or email in a timely manner following the determination.
10. Grants of up to \$1000 may be awarded for International adoptions; up to \$500 for domestic adoptions and up to \$250 for foster to adopt. Grant amounts are determined by the grant committee based upon available amounts of money in the fund and number of applications received. The decision to award or deny a grant to the adoptive parent(s), and the designated amount of the grant shall be determined by the sole discretion of the FAMily ministry committee.
11. Families adopting internationally or domestically do not need to be matched in order to apply, however any grant money awarded shall not be dispersed until after placement. Grants for these applicants shall be paid directly to the adoption agency or attorney at the time of placement.
12. Families adopting through foster to adopt do not need to have a placement in order to apply, however any grant money awarded shall not be dispersed until after placement and case has a court date for final adoption. Grants for these applicants may be paid directly to the family.
13. The FAMily Ministry reserves the right to contact applicants by phone to clarify any information provided in the application or to conduct a telephone interview.



# FOREVER FAMILY GRANT APPLICATION

*The Forever Family Fund is a financial grant program that helps Christian couples/individuals with the cost of their adoptions by awarding grants up to \$1,000.  
Forever FAMily supports international, domestic and foster care adoptions.  
There is no charge to apply.*

**EACH QUESTION ON THIS APPLICATION MUST BE FILLED IN COMPLETELY ON ORIGINAL APPLICATION FORM.**

If question is not applicable to you, please mark it N/A. If you leave a question blank, your application will be considered incomplete and may not qualify for grant. Your application will be INCOMPLETE if any of the following is missing:

- PLEASE INCLUDE:**
1. **A PHOTOCOPY OF YOUR COMPLETE, CERTIFIED HOME STUDY (See #1 of Guidelines)**
  2. **COPY OF LOUISIANA DRIVERS LICENSE (See #5 of Guidelines)**
  3. **WRITTEN REFERENCE LETTER FROM CHURCH PASTOR (See #7 of Guidelines)**
  4. **TYPED SALVATION TESTIMONY (See #8 of Guidelines)**
  5. **TYPED ADOPTION TESTIMONY (See #8 of Guidelines)**

1. Date: \_\_\_\_\_

2. Applicant #1: Name/DOB: \_\_\_\_\_

Applicant #2: Name/DOB: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant #1: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant #2: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Name of Church that you attend: \_\_\_\_\_

Please provide name and contact information of Pastor:

5. If you are adopting Internationally what country are you adopting from? \_\_\_\_\_

Please provide all contact information for the Adoption Agency and/or Adoption Attorney you are working with:

6. If you are adopting Domestically what state are you adopting from? \_\_\_\_\_

Please provide all contact information for the Adoption Agency and/or Adoption Attorney you are working with:

7. If you are adopting through Foster Care do you have a placement and a court date for Final Adoption? \_\_\_\_\_

Please provide all contact information of your appointed Social Worker:

8. Have you ever adopted before? \_\_\_\_\_ If yes, please include information in your Adoption Testimony.

9. Is anyone in your immediate family adopted, an adoptive parent or connected with adoption in any way? \_\_\_\_\_ If yes, please explain:

10. How have you paid for your adoption expenses this far and how do you intend to pay for the balance?

11. Are you applying for any other grants, loans or financial assistance? \_\_\_\_\_ If yes, please explain and give amounts.

12. Please indicate if you have received any of the above grants, loans or financial assistance for which you applied:

13. How did you hear about the *Forever Family Fund*?

*I/We hereby acknowledge that all of the information provided in this grant application is truthful and accurate. I/We understand, authorize and agree that our complete application (including home study and personal testimonies, which may include personal identifying information and personal medical information) will be reviewed by the committee of the FAMily Ministry of Trinity Baptist Church. I/We authorize members of said committee to contact all of our service providers that have been listed on said application to clarify or verify any of the information provided.*

PLEASE SIGN AND DATE WHERE INDICATED:

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Applicant #1 Printed Name

\_\_\_\_\_  
Applicant #2 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return Completed *Forever Family Adoption Grant* application packet to:

Trinity Baptist Church  
Attn: FAMily (Kelly Berryhill)  
1800 Country Club Road  
Lake Charles, LA 70605