

# HandinHand

Christian Adoption, Inc.

## Matching Grant Application

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### PART I

#### Personal Information

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Husband's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Wife's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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### PART II

#### Adoptive Information

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Adoptive Parent Attorney or Agency contact (if you have someone you are working with to help you through the adoption process besides your home study provider)

Name of agency \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Estimated Costs \_\_\_\_\_

Birthmother Attorney or Agency Contact (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Estimated Costs \_\_\_\_\_

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**PART III**  
**Reference Information**

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Reference 1 - Pastor/Church Leader

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Length of relationship \_\_\_\_\_

Reference 2 – Family Member

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

Reference 3 – Friend/Work Associate

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

Length of relationship \_\_\_\_\_



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PART V  
**Other Grants**

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Have you applied for or been awarded other grants in regards to this adoption? If so, please list the grant awarded and amounts.

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PART V  
**Consent**

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We hereby give consent for **Hand in Hand Christian Adoption, Inc.** to contact our adoption agency and any other person or institution named in this application and we authorize such persons and institutions to release information to **Hand in Hand Christian Adoption, Inc.** We understand and agree that **Hand in Hand Christian Adoption, Inc.** is not obligated to provide any assistance to us. We also understand and agree that all funds received by **Hand in Hand Christian Adoption, Inc.** will be the sole property of **Hand in Hand Christian Adoption, Inc.** and will be distributed at the discretion of the Board of Directors with the donors wishes being honored when at all possible.

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Signature of Husband

Date

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Signature of Wife

Date

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PART VI  
**Mailing Information**

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Please submit your completed application along with a copy of your approved home study to:

Hand in Hand Christian Adoption, Inc.  
18524 Juniper Street  
Gardner, KS 66030-9147

**Your application will not be reviewed until we have received a copy of your approved home study.**

For any questions please contact us at 913-248-5015 or by e-mail at [handinhandadopt@gmail.com](mailto:handinhandadopt@gmail.com)