

application checklist

- picture - please include a family picture, and a photo of the child you plan to adopt if you are willing to share
- home study referral letter - sent from your home study agency
- pastor's reference - sent from your pastor
- completed application - including answers written on a separate sheet of paper
- signed consent & permission forms

submit completed applications to:

Elijah's Truth Adoption Grant
A division of God's Children Adoption Agency, Inc.
3701 29th Avenue South
Moorhead, MN 56560

waiting time

Applications are reviewed quarterly. Applications must be received in full by these dates in order to be considered for the quarter:
January 15th • April 15th • July 15th • October 15th

We appreciate your patience as we carefully review your application.

Please keep us informed of your placement status, and we will make every effort to review your application before that time.

You will be notified by phone or email when a decision is made.

May God bless your journey

mission statement

Elijah's Truth was established by God's Children Adoption Agency to provide financial adoption assistance to Christian families who desire to adopt, but demonstrate a financial need.

Mission: To show the truth of God's love by welcoming children in His name. Elijah's Truth (a division of God's Children Adoption Agency, Inc.) provides adoption grants to qualified Christian adoptive families who have been approved to adopt by a licensed child placement agency and who have been matched to a minority domestic infant. (Families do not need to be matched in order to apply, however any grant money awarded shall not be dispersed until after placement.)

*"He took a little child and had him stand among them. Taking him In His Arms, He said to them, "whoever welcomes one of these little children in My name welcomes Me; and whoever welcomes Me does not welcome Me but the One who sent Me."
Mark 9:36-37*

qualifications for applicants *(incomplete applications will not be accepted)*

- completed home study (send referral letter from agency only)
- completed application
- financial need
- pastor's referral - sent from pastor
- must live in Minnesota, North Dakota or South Dakota
- home study agency referral letter - sent from home study agency
- 3 personal references

disbursement information

- All grant monies will be disbursed only for qualified adoption expenses, that have been pre-approved by *Elijah's Truth* (a division of God's Children Adoption Agency, Inc.)
- Grants will not be paid directly to the adoptive family.
- *Elijah's Truth* (a division of God's Children Adoption Agency, Inc.) under no circumstances shall be responsible for any obligation incurred by the prospective adoptive parent(s) for adoption related obligations
- No party shall be deemed a third party beneficiary of any grant awarded
- Grants shall be paid directly to the adoption agency at the time of placement.

personal information

date _____

prospective adoptive parent's name _____

date of birth _____

date of marriage _____

spouse's name (if applicable) _____

date of birth _____

length of marriage _____

address _____

city _____

state _____ zip code _____

email address _____

phone _____

cell/work phone _____

children's names and ages (include all dependants 18 years and younger)

_____	age _____	<input type="checkbox"/> adopted	<input type="checkbox"/> biological
_____	age _____	<input type="checkbox"/> adopted	<input type="checkbox"/> biological
_____	age _____	<input type="checkbox"/> adopted	<input type="checkbox"/> biological
_____	age _____	<input type="checkbox"/> adopted	<input type="checkbox"/> biological
_____	age _____	<input type="checkbox"/> adopted	<input type="checkbox"/> biological

employment information

name of employer/organization _____

position held _____

length of employment _____

yearly income _____

spouse's employer/organization _____

position held _____

length of employment _____

yearly income _____

explain any employer adoption assistance _____

home study agency / adoption information (please answer the questions as best as you can)

name coordinating adoption agency _____

address _____

contact _____

date of completed home study _____

caseworker's email _____

caseworker's phone _____

do you plan on adopting a special needs child?
if yes, please explain _____

have you accepted a referral? _____

expected placement date _____

type of adoption you are seeking _____

consent form

The undersigned acknowledge that this application has been made for the purpose of financial support in adopting a domestic minority infant/newborn. The undersigned understand that completion of this application does not guarantee financial assistance. Any false statements as determined by *Elijah's Truth* (a division of God's Children Adoption Agency, Inc.) on this application or supporting documents will be grounds to decline the application or revoke a previously approved application. *Elijah's Truth* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Elijah's Truth* (a division of God's Children Adoption Agency, Inc.) harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application. The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Elijah's Truth* (A division of God's Children Adoption Agency Inc.) or God's Children Adoption Agency, Inc. to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions listed as references and made a part of this application.

permission

The undersigned gives *Elijah's Truth* permission to use their story and/or photographs for *Elijah's Truth* printed materials, website and any other promotional material.

signature

date

spouse's signature

date

information release

We consent to the release of private information about us to *Elijah's Truth* (a division of God's Children Adoption Agency, Inc.) for the designated purpose. We understand that we may revoke this consent at any time, not retroactive, and that upon accomplishment of the requested release, this consent will expire. In any event, this consent will expire one year from the date of our signature.

information will be released to:

Elijah's Truth - A Division of God's Children Adoption Agency, Inc.
218-205-2706

agency or individual who will release information

name

address

information to be released:

- adoption agency recommendation
- pastoral recommendation
- other (specify)

information is to be used for the following purpose

signature

date

spouse's signature

date

pastor's referral



pastor's referral

date _____

please provide a written reference from your pastor indicating his support of your adoption

Please provide this form to your pastor, for him/her to fill out and mail.

Please send completed referral form to:

Elijah's Truth - A Division of God's Children Adoption Agency

Attn: Kip Johnson

3701 29th Avenue South

Moorhead, MN 56560

prospective adoptive parent's name

spouse's name (if applicable)

name of church

contact phone number

email address

may we contact you if we have any questions?

Please type or attached your reference:

signature

(218) 205-2706

3701 29th Avenue South • Moorhead, MN 56560

God's Children Adoption Agency | 23592 Ridgewood Circle | Fergus Falls, MN USA 56537



personal references

date _____

please provide (3) three written reference (immediate relatives excluded)

Please provide this form to each of your references, for him/her to fill out and mail.

Please send completed referral form to:

Elijah's Truth - A Division of God's Children Adoption Agency
Attn: Kip Johnson
3701 29th Avenue South
Moorhead, MN 56560

prospective adoptive parent's name

spouse's name (if applicable)

your name

relationship to applicant

email address

phone

may we contact you if we have any questions?

Please type or attached your reference:

signature



adoption agency reference

date _____

please have your adoption agency mail this reference letter directly to Elijah's Truth

The _____ family has applied to Elijah's Truth for a financial grant to reduce the costs associated with their adoption. Please take a moment to complete the following information to help us determine the appropriate grant amount to award. Your answers will be not be shared with the adoptive family and will not be the sole determinant of the grant amount.

Please send completed referral form to:

Elijah's Truth - A Division of God's Children Adoption Agency
Attn: Kip Johnson
3701 29th Avenue South
Moorhead, MN 56560

has this family been approved to adopt by your agency? yes no date of approval _____

_____ prospective adoptive parent's name

_____ spouse's name (if applicable)

_____ your name _____ email address _____ phone _____

may we contact you if we have any questions? yes no

please answer the following questions (use an extra sheet of paper if necessary).

1. Do you feel this family will parent their adoptive child in a manner that would teach the child Biblical truths and enable the child to grow spiritually? Explain:
2. Do you feel this family is equipped to parent a child of a different ethnic heritage? What steps have they taken to assure the child will honor, respect and understand their heritage?
3. Do you have any concerns regarding this families abilities to parent an adoptive child?
4. Based on your knowledge of this family, have they practiced sound financial practices, including budgeting, tithing and other Biblical principles? Explain:
5. Would you recommend this family for a grant? If so, how much would your recommend?
\$500 \$1,000 \$1,500 \$2,000 higher amount (please specify)

_____ signature