

LSS Foundation:

Lutheran Social Services (LSS) of Wisconsin and Upper Michigan, Inc. is funded in part by the LSS Foundation. The sole purpose of the Foundation is to support the programs of LSS and ensure the future mission of the agency. Over the years, the LSS Foundation has distributed a significant amount of money to aid adoption and birthparent services; counseling; children, youth and family services; older adult services; and special needs programs. Above all, this financial support has enabled LSS to help countless people improve the quality of their lives.

Within the LSS Foundation, there are a number of Board-designated and named endowment funds that support the adoption process. More specifically, the focus of these funds is to help individuals and families with the cost of adoption. With this in mind, we encourage you to complete the Adoption Grant Application and forward it to Lutheran Social Services at the address listed below. Thank you.

Grant Guidelines:

To be considered for financial assistance from this fund, you must be a family residing in Wisconsin or Upper Michigan who is working with Lutheran Social Services to complete your domestic or international adoption. (Please note that special needs adoptions through the State of Wisconsin do not qualify for funding.) You must also submit a completed application and provide all supporting documentation. Grant amounts awarded will be based upon funds available.

Prospective applicants may apply for a grant at any stage of the adoption process following an approved home study until six months post placement. Preference will be given to prospective applicants that have not received placement of a child except in stepparent or relative cases. Applications are accepted throughout the year; however, the review of requests will be made the last week of March, June, September and December. One application per adoption accepted. The grant committee will consist of adoption and administrative staff of Lutheran Social Services. The applicant's caseworker will submit additional information to the committee as needed. All information disclosed by the applicant(s) will be kept confidential.

At the conclusion of the review period all applicants will be notified in writing as to the status of their grant application. If an adoption is in process, individuals receiving grants will apply the award to their account. Otherwise, recipients in post placement will receive payment directly.

Submit Application To:

Maureen Radford-Eckstein – Adoption Grants
Lutheran Social Services
3003 North Richmond Street
Appleton, Wisconsin 54911

Adoption Grant Application

Applicant's Full Name _____ Age _____

Spouse's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ - _____ Fax _____ - _____

E-mail Address _____

Applicant's Employer _____ Length of employment _____

Spouse's Employer _____ Length of employment _____

1. Date of Birth of Applicant ____/____/____ Date of Birth of Spouse ____/____/____

2. Names and ages of children in family pre-adoption _____

3. Have you adopted previously? ____Y ____N If yes, names/ages _____

4. Type of Adoption: International or Domestic? _____

5. Current Status of your Adoption Process? _____

6. Do you plan on adopting an older/special needs child? _____

7. How old is the child(ren) you are planning to adopt? _____

8. Are you adopting a sibling group? If yes, how many? _____

9. Which LSS office are you currently working with? _____

10. Name of LSS Social Worker? _____

11. Will you be using LSS for all phases of the adoption process? ____ Yes ____ No

12. Adjusted Gross Income? _____

13. Specify any special financial considerations or circumstances we should be aware of: _____

Foundation

ADOPTION COSTS – Actual or Estimated:

Type of Expense	Amount	Type of Expense	Amount
Agency Fees		Overseas Fees	
Child's Medical Exam		Translation Fees	
Foreign Program Fee		Travel 1 st Trip	
Home Study		Travel 2 nd Trip	
In-Country Fees		Visas	
USCIS Fees		Other	
Notarization/Authentication		Other	
Orphanage Donation/Fees		TOTAL ADOPTION COST:	

Please indicate how you intend to finance your adoption costs:

Personal Funds: (savings, etc.) \$ _____

Employer Benefit: (if applicable) \$ _____

Other Grants/Loans Applied For:

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Other source of funds: (please specify) \$ _____

Total Estimated RESOURCES: \$ _____

Total Estimated Adoption COST: \$ _____

DEFICIT: (Total Resources – Total Cost) \$ _____

Statement of Net Worth

Assets

Cash	
Checking	\$ _____
Savings	\$ _____
Investments	\$ _____
Life Insurance – Cash Surrender Value (not death benefit)	\$ _____
Retirement Accounts	\$ _____
Personal Property	
Auto	\$ _____
Auto	\$ _____
Household	\$ _____
Real Estate	
Home	\$ _____
Other Assets	\$ _____

Total Assets \$ _____

Liabilities

Current Bills	\$ _____
Credit Cards	\$ _____
Auto Loans	\$ _____
Home Mortgage	\$ _____
Other Liabilities	\$ _____

Total Liabilities \$ _____

Net Worth (Assets - Liabilities) \$ _____



Foundation

Adoption Grant Application

Personal Narrative: Please provide at least a brief synopsis of your family, adoption process, and why you feel you qualify for these funds.

Consent Form

1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with adoption expenses. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Lutheran Social Services' Foundation* will be granted or given.

2. AUTHORIZATION AND RELEASE

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Lutheran Social Services' Foundation* to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions referenced in this application.

3. LIMIT OF LIABILITY

The undersigned acknowledges that *Lutheran Social Services' Foundation* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Lutheran Social Services' Foundation* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lutheran Social Services' Foundation* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

4. PERMISSION

The undersigned gives *Lutheran Social Services' Foundation* permission to use their story and/or photographs on *Lutheran Social Services* website, and/or printed material, with the purpose of helping families to adopt children. (Your answer does not have an impact on financial assistance) Yes _____ No _____

5. ATTACHMENTS

1. **Picture** - If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application.
2. **Tax Return** – Please send us a copy of your 2 most recent year's Federal Tax Return (1040 form)
3. **Medicals Expenses/Bills and Adoption Invoices** – Only necessary for families requesting assistance in post placement.

6. SIGNATURES

We are providing this information to Lutheran Social Services for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.

Adoptive Applicant _____

Date: _____

Adoptive Spouse _____

Date: _____