



Adoption Project Application

Begin Application

Your Name: _____

Your Gender: _____ male _____ female

Email Address: _____ Phone Number: _____

Have you applied to do a Both Hands project before? _____ yes _____ no

If yes, when did you previously apply to do a project? _____

How did you hear about Both Hands? _____

Do you have a completed and signed home study? _____ yes _____ no

Is your adopted child home with you? _____ yes _____ no

Has the adoption been finalized? _____ yes _____ no

(If your child is already home, you might be interested in a Both Hands post-adoption project. Check out [more info here](#) and reach out to our project manager, Amanda Shandley at amanda@bothhands.org.)

Do you agree to find 10+ friends who could serve on your project through serving a widow AND raising sponsorship for project? _____ yes _____ no

Primary Contact Information

Preferred Name: _____ Date of Birth: ____/____/____

T-shirt size: _____ Employer: _____

Job Title: _____ How long employed? _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Each applicant (husband and wife, if applicable) should fill out the section below with their own unique responses to help the Both Hands team get to know you more.

Do you believe in Jesus Christ as your personal Lord and Savior?

_____ yes _____ no _____ unsure

Any other family information you'd like to share?

Spouse's Information

If you are a single parent, please proceed to the next section.

Spouse's Name: _____ Date of Birth: ____/____/____
Preferred Name: _____
Email: _____ Phone: _____
T-shirt size: _____ Employer: _____
Job Title: _____ How long employed? _____
Home Address: _____
City: _____ State: _____ ZIP: _____

In addition to the responses provided by you in the primary contact's section above, please have your spouse fill out the section below with their own unique answers to help Both Hands get to know both of you more.

Do you believe in Jesus Christ as your personal Lord and Savior?

_____ yes _____ no _____ unsure

How has God led you to the decision to adopt and what is He currently teaching you in this season of life? Anything else you'd like to share? (100-250 word requirement)

Please share your personal testimony and describe your relationship with Jesus Christ.
(100-250 word requirement)

Please share your understanding of the Gospel and the importance of the Bible in your daily life.
(100-250 word requirement)

Any other family information you'd like to share?

Family Information

Date of Marriage, if applicable: ____ / ____ / ____

✓ Please provide a high-res family photo and email it to amanda@bothhands.org.

Current children in your home, if applicable...

Child Name: _____ Age: ____ ____ Biological ____ Adopted

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Religious Information

Church Name: _____ Denomination: _____

Like other small faith-based organizations, Both Hands has a limited capacity and has chosen to work with families who come from the same theology and doctrine which adheres to the orthodox evangelical Christian tradition. By selecting "I Agree" to the statements below and submitting this application, you are indicating that you share our core values and, most importantly, a love of caring for orphans and widows found in James 1:27.

Our Core Belief Statements:

- *The Bible is the inspired and infallible Word of God to man.*
- *There is one eternal God, the Creator of all things, who exists in three persons: the Father, the Son, and the Holy Spirit.*
- *Jesus Christ, the Son of God, was conceived by the Holy Spirit, born of the Virgin Mary, and lived a sinless life.*
- *Man is justified by faith, by the shed blood of Jesus Christ on the cross, His death, and His resurrection from the grave.*

- *The Holy Spirit resides in the hearts of true believers. Both the saved and the lost will be resurrected; the saved into eternal life.*
- *God is the creator of all life, including the unborn; all life is precious in His sight.*
- *God designed marriage to be a covenant between a biological man and a biological woman united in a lifelong union.*

In the case that you cannot in good conscience affirm that you share our core values, we invite you to pursue this resource to raise funds for your adoption: [the National Adoption Council](#). If you would like to learn more about our faith, please visit [this source](#).

Do you, the primary contact, agree with the belief statements above? _____ yes _____ no

Do you, the spouse listed above (if applicable), agree with the belief statements above?
 _____ yes _____ no

Please describe your church involvement including any volunteer positions and/or group participation. _____

Your pastor, elder, or small group leader's name: _____

May we contact him/her? _____ yes _____ no

Pastor/elder/small group leader's contact info: _____

Financial Position & Stewardship

Please enter income and expense numbers below. If not applicable, enter a zero.

<i>Household Income (Annual) & Assets</i>	
Gross Salary/Wage	\$
Other Income	\$
If you noted other income, please describe...	
Checking Accounts Balance	\$
Savings Account Balance	\$

Investment Accounts (other than retirement)	\$
Retirement Accounts	\$
Approximate Home Value	\$

<i>Household Expenses & Payments</i>	
Primary Home Loan Balance	\$
Other Property Loans	\$
Auto Loan Balances	\$
Credit Card Balances	\$
Past Due Bills (excluding credit cards)	\$
Student Loan Balance	\$
Church Giving (Annual)	\$
If you entered a \$0 for church giving, please explain...	
Other Gifts/Donations	\$
Other large expenses outside of a regular monthly budget, if applicable	\$

Most Recent Tax Return

✓ Please provide a copy of the first 1-4 summary pages of your last completed tax return and email it to amanda@bothhands.org.

Adoption Process

What is the current status of your adoption? _____

✓ Please provide a copy of your signed home study and email it to amanda@bothhands.org.

Type of adoption: _____ Domestic (infant) _____ International _____ Foster-to-Adopt

If international, what country are you adopting from? _____

Please provide more details of the circumstances of the adoption: _____

Have you been matched with (a) specific child(ren) to adopt? _____ yes _____ no

Please share the first name(s) and age(s) of the child(ren) you've been matched with: _____

Who are you working with for your adoption? _____ Agency _____ Attorney _____ Consultant

Agency/Law Firm/Consultant: _____

Case Worker/Lawyer Name: _____

Phone Number: _____ Email: _____

Home Study Provider (if not through your agency): _____

Home Study Provider Primary Contact Name: _____

Home Study Provider Primary Contact Email: _____

Adoption blog link (if applicable): _____

Adoption Expenses

Agency Fee Schedule

✓ Please provide a copy of your fee schedule and email it to amanda@bothhands.org.

If you do not currently have a fee schedule, please request a letter from your agency or consultant estimating the total cost associated with your adoption and email that to us.

Costs & Expenses

Estimated Total Adoption Expenses: _____ Amount Raised So Far: _____

How were these funds raised? e.g. \$x from savings, \$x from grants, etc. (Please note: funding support from Both Hands is not effected by these amounts. We use these totals to help determine your estimated fundraising goal.) _____

Acknowledgements & Signatures

Please check each section to indicate your agreement with the following acknowledgements...

_____ Purpose

The undersigned agrees that the purpose of this application is to provide Both Hands with information used in determining eligibility for a Both Hands Family Project. The objective of a Both Hands Family Project is to raise funds for a family in the adoption process while serving a widow through home improvement projects. The undersigned acknowledges that this application provides no guarantee of acceptance or assistance from Both Hands.

_____ Authorization & Release

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of Both Hands to obtain financial and personal information from any institution or individual including but not limited to those individuals and institutions listed as references and made a part of this application. The undersigned further consents to the release of any information to any authorized Both Hands employee or agent from any individual or financial institution listed on the application. The undersigned further authorizes any pastor, elder, minister, adoption agent, or counselor included in the list of references to release to Both Hands or its representatives personal information and opinions regarding the applicant's lifestyle, language, habits, truthfulness, parental fitness, and general moral and biblical character.

_____ Limit of Liability

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

_____ Permission

The undersigned acknowledges that Both Hands has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that Both Hands shall have the sole discretion to accept or deny this application with or without cause. The undersigned further

releases and holds Both Hands harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

_____ Support Raising Agreement

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the adoption grant process for Both Hands (BH):

We understand and accept that all funds and/or donations received by BH are under the ultimate control of the BH Board of Directors that make all final decisions regarding distributing and/or grants of any funds.

We understand, accept and agree to use any and all funds received by BH exclusively for legitimate adoption expenses, including but not limited to agency fees, legal fees, etc. We agree to provide verification of adoption related expenses to BH upon request.

We agree to submit proper documentation as requested by BH for payment and/or reimbursements of any kind.

We understand that if we decide not to adopt we will contact BH immediately. Any funds raised will be used to assist other families with the cost of adoption and/or to further the ministry of Both Hands. Donations cannot be refunded to donors.

We understand that we may not donate money to BH toward our own adoption expenses and receive a tax deduction.

We understand and agree that any funds raised beyond our documented adoption costs may be used to further the ministry of BH and/or assist with other families' cost of adoption.

Primary contact's signature: _____

Date: ____/____/____

Spouse's signature: _____

Date: ____/____/____

Anything else?

Is there anything else you'd like for us to know when reviewing this application? _____

Thank you for taking the time to fill out this application! If you have any questions, or plan to email your copy of this application and other documents, please reach out to Amanda Shandley at amanda@bothhands.org. If you'd like to mail this application in, please send that to...

Both Hands - Applications, P.O. Box 2705, Brentwood, TN 37024