



Post-Adoption Project Application

General Information

Primary Contact's Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

How did you hear about Both Hands? _____

Have you completed a Both Hands project before? _____ yes _____ no

If yes, what year did you complete your project? _____

Primary Contact's Gender: _____ male _____ female

Are you a single parent? _____ yes _____ no

Spouse's Name: _____

Phone Number: _____ Email Address: _____

Spouse's Gender: _____ male _____ female

Family Information

Date of Marriage, if applicable: _____

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

✓ Please also provide a copy of your adoption decree(s) for the children you've adopted who this project will be raising funds for and email it to amanda@bothhands.org.

Tell us about your family!

Child Name: _____ Age: _____ _____ Biological _____ Adopted

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Primary Contact Information

Preferred Name: _____ Date of Birth: _____

Employer: _____ Job Title: _____

Years Employed: _____

Please share any links to your social media profiles.

Each applicant (husband and wife, if applicable) should fill out the sections below with their own unique answers 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

Please share a brief summary of your adoption journey and the current challenges/concerns with your adopted child that have led you to seek funding.

Please share your personal testimony and understanding of the Gospel as well as your church involvement and importance of the Bible in your daily life.

Any other information you'd like to share?

T-shirt size: _____

Spouse Information

Preferred Name: _____ Date of Birth: _____

Employer: _____ Job Title: _____

Years Employed: _____

Please share any links to your social media profiles.

Do you believe in Jesus Christ as your personal Lord and Savior? _____ Yes _____ No

Please share a brief summary of your adoption journey and the current challenges/concerns with your adopted child that have led you to seek funding.

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T-shirt size: _____

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 email: _____

Pastor/elder/small group leader's phone: _____

Adoption Details

Did you adopt domestically or internationally? Domestic International

What type of adoption did your family experience?

Private domestic Foster-to-adopt Kinship

If you adopted internationally, what country did you adopt from? _____

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): _____

Post-Adoption Costs and Expenses

What types of post-adoption costs are you hoping to cover through this Both Hands project?

Medical Mental Health Residential Treatment Other

If you selected "other," please share more: _____

Name of provider: _____ Website (if applicable): _____

Please share the details of your post-adoption expenses (including what you've incurred in the last two years and estimated totals you expect in the future.) _____

How much are you needing to fundraise? _____

Have you received other financial assistance for your post-adoption needs? Yes No

If you selected "yes," please share more: _____

Financial: Cash Flow

Income (Including salary/wages, investment income, and other income): _____

Expenses and payments (Including paycheck deductions, mortgage/rent, taxes, insurance, utilities, giving, entertainment/recreation, etc.): _____

Any additional cash flow details? _____

Financial: Assets & Liabilities

Total assets (Including cash, checking/savings accounts, value or primary home, investment accounts, life insurance cash surrendered value, value of cars/other items owned, retirement accounts, etc.): _____

Total liabilities (Includes car loan balances, primary home loan balance, credit card balances, past due bills, etc.): _____

Any additional net worth details? _____

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
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