

**FAMILY Adoption Ministry**  
*A ministry of Parkcrest Christian Church*

**Adoption Grant Application**

Husband's Full Name:		DOB:
Wife's Full Name:		DOB:
Street Address:		
City:	State:	Zip Code:
Home :	Cell:	Work:
Email Address:		
Date of Marriage:		Annual Household Income: \$
Husband's Employer:		Length of Employment:
Wife's Employer:		Length of Employment:
Husband's SSN:		Wife's SSN:

Please list below the names and ages of biological children in family.

Name	Age

Have you adopted previously?

Yes	No
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If yes, names and ages:

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Do you have a specific child identified already for this adoption?

If Yes, Full Name:	Sex:
Date of Birth:	Country:

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

If Yes, please explain.

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If you are adopting a special needs child have you completed any classes? Yes or No  
If yes, please list name(s) and date(s) of class(es) below:

_____	_____
_____	_____
_____	_____

Church Name and Denomination

Member:	Do you profess Jesus Christ as your personal Lord and Savior?
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May we contact your pastor?

Pastor's Name:	Phone :
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Please specify any special financial considerations or circumstances we should be aware of:

_____
_____
_____
_____
_____
_____
_____

Please provide the name , address, telephone number and contact of the Adoption Agency below (*if applicable*) :

_____
_____

Parkcrest Christian Church requires that all applicants complete a Home Study prior to filing this application. Have you completed your Home Study? Yes or No

Please provide the following information below: Home Study Agency Name, Address, phone number and contact person and a letter of completion from the Agency.

_____
_____

If no, when will your Home Study be completed: \_\_\_\_\_

**ADOPTION COSTS**

**Expenses**

Agency Fees	\$ _____
Child's Medical Exam	\$ _____
Foreign Program Fee	\$ _____
Home Study	\$ _____
In-Country Fees	\$ _____
INS Fees	\$ _____
Notarization/Authentication	\$ _____
Orphanage Fees	\$ _____
Translation Fees	\$ _____
Travel First Trip	\$ _____
Travel Second Trip	\$ _____
Visas	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>Total Adoption Cost</b>	<b>\$ _____</b>

***Please submit your completed application to:***

Parkcrest Christian Church  
Lacey Kruger, Children's Pastor  
3936 Woodruff Avenue  
Long Beach, CA 90808

***For questions, please contact:***

Lacey Kruger, Children's Pastor  
(562) 421-9374 x107  
lkruger@parkcrest.org

# FAMily Adoption Ministry

## Application Information & Process

The FAMily Adoption Ministry is a ministry of Parkcrest Christian Church. It is designed to assist in all adoptive procedures including private adoptions, county and foreign adoptions. Uses envisioned for this fund include adoption expenses, household improvements or furniture and equipment needed by adoptive families, medical assistance as needed and other matters related to the effective adoption of children needing a home in which to live and thrive.

Before any funds can be released the application must be reviewed by the Children's Pastor and approved by the Directional Team.

Step 1:

Complete FAMily Adoption Ministry Adoption Grant Application.

Step 2:

Return application and any other required documentation to Lacey Kruger, Children's Pastor, 3936 Woodruff Avenue, Long Beach, CA 90808.

Step 3:

Please enclose your \$25.00 non-refundable donation. Make check payable to: Parkcrest Christian Church and in the "note" section, please indicate "Adoption Ministry Fund".

Your application will be reviewed and then processed.

- The application will be presented to the Directional Team. This team meets bi-weekly.
- Next the application will be presented to the FAMily Board . The FAMily Boards meets the first Friday of each month.

*Please take note that this process may take up to two months. However, feel free to contact Lacey Kruger at any time.*

All applications are asked to be submitted as "post adoption" due to only a one time submission may be granted for each individual. Please submit your request with back-up documentation, supporting your request, for review and approval.

All additional post-adoption assistance is based on a flat-rate amount and is determined by each applicant(s) request (eg: household improvements, furniture, equipment needs, medical assistance, transportation, etc.)

If assistance is granted, it will be one time per child.

If you should have any questions, please contact:

Lacey Kruger, Children's Pastor  
(562) 421-9374 x107  
lkruger@parkcrest.org