Leap of FaithE

Foundation Application

Leap of FaithE strives to empower all involved in the adoptive process. Rooted with a focus of building strong ongoing relationships with sound mental health support, our foundation wants to hold hands with all parties involved to make adoption an easier choice.

Name of Birth mom: _____ **Name of Birth dad:** _____

Name of Adoptive Parents: _____

Baby's due date: _____

Birthparent(s), please answer the following questions in less than 250 words:

Is ongoing Mental Health counseling important to you? If so, why?

_____

_____

_____

_____

_____

Briefly describe why you chose adoption for your baby and why you chose the adoptive family listed above.

_____

_____

_____

_____

_____

_____

Adoptive Parents, please answer the following questions accurately and honestly, and in less than 250 words.

Briefly describe why you chose adoption as a form of growing your family and what you admire most about the birthparent(s) listed above.

_____

_____

_____

_____

_____

_____

Although these next items are of a sensitive nature, please understand that for IRS purposes, we must have them filled out honestly and completely.

What is your household annual Income? _____

How do you see Leap of FaithE being able to ease the financial burden of adoption?

_____

_____

_____

_____

_____

Adoption Agency employee or attorney statement:

Do you believe the birthparent and adoptive parents will utilize the funds granted to help secure mental health assistance as well as alleviate the burden of post-partum costs of the birth mother that the adoptive parents will provide?

_____

_____

_____

_____

_____

Leap of FaithE Foundation is a STAND ALONE 501c3 organization which distributes funds voted upon by the Board of their FUND. Leap of FaithE Foundation Fund is a designated fund held at the Norton County Community Foundation. The NCCF is also 501c3 non-profit organization with the mission of serving the Norton County community and beyond. As a fund within the NCCF, certain requirements apply for the recipient of this financial assistance. See Leap of FaithE Eligibility and Financial Assistance Guidelines listed below.

Leap of FaithE Eligibility & Financial Assistance Guidelines The partnership eligible for assistance:

- Birthparent(s) & adoptive parents must apply together
- An adoption agency or attorney must sign and provide a statement to show they are aware of this grant opportunity
- Birthparent must fill out the Budget sheet accurately and completely and submit with application
- Birthparents must agree to provide documents to their mental health therapists stating that the bills shall be sent to LOF (or adoption attorney) for up to 1-year post-partum therapy
- Birthparents must maintain a 90% show-up rate to their therapy sessions for the 1-year period. Travel, appointments, and other unforeseen circumstances that are communicated to the therapist the week prior to the appointment will not negatively affect the show- up rate. Birthparents must cancel 24 hours prior to the next appointment to not count towards a no show
- There are no household income restrictions for adoptive parents
- Adoptions completed in the states of Kansas, Missouri, Iowa, Nebraska, & Colorado will have first consideration, but applications **will** be accepted from all states -contact leapoffaithe2021@gmail.com to seek further information.

Type & Amount of Aid

The type and amount of aid shall be at the discretion of the Board of Directors of LOF and verified by the Executive Director of the NCCF. This aid may include, but is not necessarily limited to:

- Birthparent Individual Post-Partum Mental health costs for a full 1 year (must complete a full year)
- Birthparent Group Therapy post-partum costs for a full year (must complete the full year)
- Birthparent post-partum budget costs that would have been covered by the adoptive family for 8 weeks by the discretion of the Board after reviewing the budget submitted

_____I, the birthparent, agree to the above financial arrangement and take full responsibility for arranging ways to attain mental health services after my baby is born and placed.

_____I, the adoptive parent, agree to the above financial arrangement and take full responsibility to provide accurate information to provide all post-partum birth mom bills to be paid in full for 8 weeks post-partum and placement.

Birth parent's name: _____

Address: _____

Date of Application: _____

Signature: _____

Adoptive Parents Name(s): _____

Address: _____

Date of Application: _____

Signature(s): _____

Adoption Agency OR
Adoption Attorney Name: _____

Signature: _____

Date: _____

Review Committee-Initial Recommendation:

LOF Board Signatures: _____

Leap of FaithE Foundation
Budget Assistance Worksheet

Leap of FaithE allows for reasonable pregnancy related expenses for an expecting mom considering adoption up to eight (8) weeks following placement. Living expenses are not meant to be total support, it is expected that a portion of expenses will be paid through employment and/or state assistance, etc.

*Many times, an adoptive family covers these expenses for a birthmother during the 6-8 weeks post-partum. If that is the case, please indicate that within the final statement of the budgeting work sheet.

Name of Birth Mom: _____

Due Date: _____

Check all that apply

1. Phone- Help with getting a basic phone or paying for your basic phone bill.

   ☐ I need help:

My number	Carrier	Company Phone Number	Amount

2. Rent- All or part of your rent may be paid.

   ☐ I need help:

My address	Landlord/Leasing Agent's Name	Landlord/Leasing Agent's Phone Number	Amount

3. Utilities- Essential utilities may be paid

   ☐ I need help with the following utilities:

	Electric	Gas	Water	Internet
Account Number				
Company phone number				
Amount				

4. Food/Household items

☐ Food/Household Items- Amount- $: _____

5. Transportation - <u>This is limited to pregnancy-related activities (Dr. Visits/Grocery Store, etc.)</u>

☐ Transportation/Gas- Amount- $: _____

Total Monthly Support Needed: $ _____

I understand that all financial support being provided to me is for pregnancy-related expenses. It is my intention at this time to place my child for the purpose of adoption with the adoptive family I selected and am applying for the LOF Grant with. In addition, I understand that any support that is provided to me via a Pre-paid Credit Card becomes my responsibility once it is provided to me, and I need to budget the money to last. If the Pre-Paid Credit Card is lost or stolen, I the funds are gone. I also understand cash cannot be withdrawn from the card. I agree to provide copies of any bills with my adoption coordinator and LOF Board of Directors, upon request. I have been made aware that emergency financial support is unavailable, the support being provided will be identified and agreed upon ahead of time. I understand that I will not ask the adoptive parents to provide me with further help, as this is to replace the financial burden that may have been placed on them.

_____

Birth Mom Printed Name

_____ _____

Signature Date

_____ I, the birth mom, covered, or will cover, my own post-partum bills mentioned above.

_____ The adoptive family covered, or will cover, my post-partum bills mentioned above.