

# 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 Birthmom:

Name of Adoptive Parents:

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 you baby and why you chose the adoptive family.

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 your birthparent(s).

Although these next items are of 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 Fund is a field of interest fund held at the Norton County Community Foundation. The NCCF is a 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
- Adoption agency or attorney must sign and be aware of this grant opportunity
- Birthparents must agree to provide documents to their mental health therapists stating that the bills shall be sent to LOF for the 6 months post partum
- Birthparent must maintain a 90% show-up rate to their therapy sessions for the 6 month period. Travel, appointments, and other unforeseen circumstances that are communicated to therapist the week prior to the appointment will not negatively affect the show- up rate. Birthparent must cancel 24 hrs prior to the next appointment to not count towards a no show.
- Adoptive parents must have a household income of \_\_\_\_\_ or less to qualify
- Birthparent must fill out the Budget sheet accurately and completely and submit with application as well as accurate addresses of where to send payments of bills to
- Adoptions must be completed in the states of Kansas, Missouri, Iowa, Nebraska, & Colorado

### 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 Board of Directors of the NCCF. This aid may include, but is not necessarily limited to:

- Birthparent Individual Post-partum Mental health costs for a full 6 months (must complete all 6 months)
- 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 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 be paid in full for 8 weeks post partum and placement.

Birthmom'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: