

BOTH HANDS PROJECT APPLICATION

Contact Info

Full Name (husband): _____ Date of Birth: _____
 Full Name (wife): _____ Date of Birth: _____
 Preferred nicknames: _____ Date of Marriage: _____
 Street _____ Unit #: _____
 City _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Cell Phone (h): _____ Email (h): _____
 Cell Phone (w): _____ Email (w): _____
 Preferred form of communication: _____'s phone and/or _____'s email
 Employer & Title (h): _____ Length of employment: _____
 Employer & Title (w): _____ Length of employment: _____

Child Name: _____ Age: _____ Biological Adopted
 Child Name: _____ Age: _____ Biological Adopted
 Child Name: _____ Age: _____ Biological Adopted
 Child Name: _____ Age: _____ Biological Adopted

Adoption Information

Have you identified a specific child to adopt? yes no Number of children: _____
 If so, what his/her full name _____ Age _____ Sex _____
 If so, what his/her full name _____ Age _____ Sex _____
 Are you adopting an older child, a child w/ special needs, or sibling group? (if yes – circle one)

What country are you adopting from? _____

Have you completed your dossier? yes no

Are you working with an agency or with a lawyer for a private adoption? (Circle one)

Agency/Law Firm: _____ Case Worker/Lawyer: _____

Phone: _____ Email: _____

Current status of your adoption: _____

Do you have an adoption blog? yes no Blog URL: _____

Religious Affiliation

Church Name: _____ Denomination: _____

How are you involved in your church? _____

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

May we contact him/her? yes no Contact info: _____

Personal Statements of Faith

Do you believe Jesus Christ is your Lord and Savior?

Husband: yes no not sure

Wife: yes no not sure

Husband and Wife: On a separate piece of paper, please briefly share your individual spiritual testimonies and your current relationship with God.

Other Questions

Husband and Wife: On a separate piece of paper, please individually answer these questions.

1. What has led you to pursue adoption?

2. Are you willing to fundraise for your adoption?

3. Is there any other information you would like to tell us about you or your family?

4. Can you think of 10+ friends or family members who could help with a Both Hands Project? These friends would need to be willing to serve the widow through home improvement projects AND raise sponsorship for the service project. yes no

5. Do you feel comfortable searching multiple outlets for a widow to serve? Your church, other local churches, Meal on Wheels programs, etc. yes no

If approved, the Both Hands team will assist you in walking through your Both Hands Project planning process from start to finish. The team will provide you with a project manual, fundraising letter templates, helpful documents for assessing the widow's home, building your team, press releases, outline for your team meetings, waivers of liability, video tips and so much more.

ADOPTION COSTS

Applicable Expenses

Foreign Program Fee	\$
Home Study	\$
In-Country Fees	\$
Agency Fees	\$
Child's Medical Exam	\$
Value of Other INS Fees	\$
Notarization/Authentication	\$
Orphanage Fees	\$
Overseas Fees	\$
Value of Translation Fees	\$
Travel First Trip	\$
Travel Second Trip	\$
Other:	\$
Other:	\$

Total Adoption Cost \$ _____

SOURCE OF FUNDS

**When you raise funds, you allow the community to participate in your adoption. Please do not list loans or savings that has not been specifically set aside for adoption. Our preference is that you adopt without debt and without spending every dollar you have available. We are aware that you will need these funds for post-adoption expenses.*

Available Resources to Cover Adoption Costs

Employer Benefit (if available)	\$
Other Grants Applied and Approved For:	_____
Name:	\$
Name:	\$
Name:	\$
Other source of funds (please specify):	_____
	\$
	\$

Total Estimated Resources for Your Adoption \$ _____

DEFICIT (*Total Resources minus Total Cost*) \$ _____

STATEMENT OF NET WORTH

Assets

Cash	\$
Checking Accounts	\$
Savings Accounts	\$
Value of Primary Home (if owned)	\$
Approximate Value of Household Items	\$
Value of Other Property	\$
Investment Accounts (other than retirement)	\$
Life Insurance Cash Surrendered Value (not death benefit)	\$
Retirement Accounts	\$
Value of Autos	\$
Value of other items you own not listed above (describe below):	-----
	\$
	\$
	\$

Total Assets \$ -----

Liabilities

Auto Loan Balances	\$
Primary Home Loan Balance	\$
Other Home Loans	\$
Other Property Loans	\$
Credit card Balances	\$
Balances of Past Due Bills (excluding credit cards)	\$
Any Other Amount Owed (describe below):	-----
	\$
	\$
	\$

Total Liabilities \$ -----

NET WORTH *(Assets minus Liabilities)* \$ -----

CASH FLOW

Income (annual)

Gross Salary/Wage	\$	
Investment Income	\$	
Other Income (describe below):		-----
	\$	
	\$	

Total Income \$ -----

Expenses/Payments (annual)

Taxes and other deductions from paycheck	\$	
Housing Costs:		-----
Mortgage/Rent	\$	
Property taxes	\$	
Insurance	\$	
Utilities	\$	
Other Housing Costs	\$	
Telephone (include cell phones)	\$	
Food	\$	
Clothing	\$	
Transportation Expenses:		-----
Car Payment	\$	
Car Insurance	\$	
Gas/Maintenance	\$	
Other transportation Expenses	\$	
Entertainment/Recreation	\$	
Medical Expenses (include health insurance, if paid by you)	\$	
Church Giving	\$	
Other Gifts/Donations	\$	
Other Debt repayment (describe below):		-----
	\$	
	\$	

Total Expenses/Payments \$ -----

CASH FLOW (Total Income minus Total Expenses) \$ -----

CONSENT FORM

1. 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*.

2. Authorization and 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.

3. 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.

4. Permission

Photographic Release. The undersigned hereby grants and conveys unto Both Hands all rights, title, and interest in any and all photographic images and video or audio recordings made during the Volunteer's Activities with Both Hands, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. The undersigned also grants *Both Hands* permission to use their story, photographs, videos, and other submitted material for any purpose, in any form, and on any media. (Your answer does not have an effect on assistance.) yes no

5. 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 or our adoption is disrupted for any reason we will contact *BH* immediately. Any funds raised will be used to further the ministry of *BH*, and/or to assist other families with the cost of adoption. Donations cannot be returned 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 assist with other families' cost of adoption.

6. Attachments

- Picture – If you have a picture of the child you desire to adopt, and are willing to share with us, please send in a photo along with your application. Please also include a photo of your current family.
- Copy of Homestudy – Please send us a copy of your completed Homestudy

7. Signatures

The undersigned understands and agrees to the terms and conditions outlined in this application. All information contained in this application is accurate to the best of our knowledge.

Adoptive Father Name (Printed) _____

Adoptive Father Signature _____ Date: _____

Adoptive Mother Name (Printed) _____

Adoptive Mother Signature _____ Date: _____

****Application must be printed and signed, in order to be processed.***

APPLICATION CHECKLIST

To help us process your application in a timely manner, please use this as a checklist to ensure you've included all the necessary items. *We must have everything on this checklist before we can process your application.* Generally the application review process takes 2-4 weeks. Thank you!

Check box only if included:

- Both Hands application, including Adoption Costs and Source of Funds
- Husband Statement of Faith
- Husband Answers to Other Questions Section
- Wife Statement of Faith
- Wife Answers to Other Question Section
- Statement Net Worth
- Cash Flow
- Copy of last year's tax return – first 2 pages only
- Picture of your family & child (if available)
- Consent form
- Signed Homestudy

*** Please attach this to the front of your application.**

If all information is not submitted, it *will* delay your file being processed.

Thank you!

For questions and/or online submissions, email Aimee@BothHands.org

Submit Application to:

Both Hands - Applications
P.O. Box 2713
Brentwood, TN 37024