

CHANCE TO HOPE  
ADOPTION GRANT

Checklist:

1. \_\_\_ Application with included employment release form
2. \_\_\_ Physician Letter documenting infertility diagnosis
3. \_\_\_ Notice of Privacy Practices
4. \_\_\_ Narrative expressing financial reasons for grant and how money would be used
5. \_\_\_ Narrative answering "why you are a prime candidate"
6. \_\_\_ Copy of most recent IRS tax returns (at least two); pay stubs from both  
Individuals
7. \_\_\_ Financial Form
8. \_\_\_ Copy of Birth Certificate/Green Card/Passport
9. \_\_\_ Photo of yourselves
10. \_\_\_ Copy of Marriage License
11. \_\_\_ Copy of insurance card, front and back
12. \_\_\_ Copy of completed home study

# CHANCE TO HOPE ADOPTION GRANT APPLICATION

*"Standing Together in Love"*

Chance to Hope is a nonprofit organization that offers grants to assist qualified couples with fertility treatment or adoption. Although we would love to help each and every one of you, not all applicants will receive grants. Disbursement of grants will be at the discretion of the organization. Partial and Full Grants will be awarded. Funds will be disbursed directly to the Fertility Center or Adoption Agency. Best of Luck and Thank You for participating in our Application Process!

## Personal Information

Husband's Name:

\_\_\_\_\_

Last

First

Middle

Wife's Name:

\_\_\_\_\_

Last

First

Middle

Home Address:

\_\_\_\_\_

Street Address

Apartment #

\_\_\_\_\_

City/State

Zip

County

Dates of Birth:

\_\_\_\_\_

Husband

\_\_\_\_\_

Wife

Social Security Numbers:

\_\_\_\_\_

Husband

\_\_\_\_\_

Wife

E-mail Address:

\_\_\_\_\_

Date and Place of Marriage:

\_\_\_\_\_

Children in your Household:

\_\_\_\_\_

Name

Date of Birth

\_\_\_\_\_

Name

Date of Birth

Attach an extra page if necessary.

Although consideration will be given to couples with children, preference will be given to those without.

Employment Information

Husband's Employer:

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Name of Current Employer	Date Employment Began
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Street Address

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City	State	Zip
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Job Title	Work Telephone Number
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Name of Previous Employer	Dates of Employment
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Street Address

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City	State	Zip
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Job Title	Work Telephone Number
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**Attach an extra page if necessary to list employment history for the past 5 years.**

Wife's Employer:

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Name of Current Employer	Date Employment Began
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Street Address

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City	State	Zip
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Job Title	Work Telephone Number
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Name of Previous Employer	Dates of Employment
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Street Address

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City	State	Zip
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Job Title	Work Telephone Number
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**Attach an extra page if necessary to list employment history for the past 5 years.**

Education Information

Husband's Education/Profession: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Wife's Education/Profession: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Criminal Background

Have you ever been convicted or pled guilty to a felony or misdemeanor? \_\_\_\_

If yes, on a separate piece of paper, please give the date of the offense, the charge, the place the incident occurred, and the outcome.

Health Insurance Information

Wife's Insurance Provider: \_\_\_\_\_

Name of Company

Member Number

Telephone Number

Street Address

City

State

Zip

Husband's Insurance Provider: \_\_\_\_\_

Name of Company

Member Number

Telephone Number

Street Address

City

State

Zip

Medical Information of Wife

(Please provide information regarding the physicians who have been treating you for fertility issues):

\_\_\_\_\_  
Physician's Name Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Diagnosis and Type of Treatment Received to Date

\_\_\_\_\_  
Physician's Name Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Diagnosis and Type of Treatment Received to Date

Attach an extra page if necessary.

What was your diagnosis? Please check which of the following apply:  endometriosis (surgically diagnosed)  tubal disease  male factor  ovulation disorder (e.g., PCOS)

unexplained infertility  other: \_\_\_\_\_

Medical Information of Husband

Have you been diagnosed with infertility by an endocrinologist or other healthcare specialist? \_\_\_\_\_

If yes, what was your diagnosis?

\_\_\_\_\_  
\_\_\_\_\_

Personal References (Non-Relative)

1. \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

How do you know this person?

2. \_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

How do you know this person?

Adoption Information:

Adoption Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Caseworker Name: \_\_\_\_\_

Caseworker Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

We are choosing:  Domestic adoption  International adoption

If International, what country will you be adopting from? \_\_\_\_\_

Does your employer offer adoption benefits? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

Have you applied for or received any other adoption grants? \_\_\_\_\_ If yes, please explain:

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*Please list anticipated adoption expenses. Itemize as much as possible*

Expense	Amount (paid)	Amount (Not Paid)

**ADDITIONAL INFORMATION TO BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM**

- You must meet the American Society for Reproductive Medicine definition of Infertility (i.e. blocked tubes, unexplained infertility, endometriosis, PCOS, male factor, female factor, etc). Infertility must be officially diagnosed by a fertility specialist. Please attach a letter from your treating fertility specialist explaining the medical reasons for pursuing fertility treatments and the likelihood of success. If, due to religious beliefs, you are unable to obtain a letter from an RE, you may use your OBGYN. Please make sure to attach your reason for using a letter from your OBGYN vs. RE.
- Write a narrative on a separate page regarding the financial reasons for submittal of this application and how the grant money would be used. Include a description of any unusual financial circumstances that may affect our consideration of your application for financial assistance, complete the personal financial statement and

make a copy of your most recent IRS tax return (at least two), pay stubs from both partners, and submit with your application.

- Write a narrative on a separate page answering the following questions: Why do you believe you are a prime candidate to receive a grant from Chance to Hope?

Amount of Funds Requested (amount potentially awarded will be at the discretion of our organization and based on the availability of funds):

\$ \_\_\_\_\_



## MEDIA RELEASE FORM

*While infertility is a very personal experience, part of our mission is to raise Fertility Awareness nationwide. By giving us your information (name, testimonial, photo), you are giving other couples hope while simultaneously educating communities about the success of treatments. Thank you for your full participation in our program.*

\_\_\_\_\_ I/we grant permission to Chance to Hope and its subsidiaries and sponsors to use my/our name and/or photographs or video media in printed or electronic matter for use in publication and marketing materials. I/we further authorize the above entities to use my/our name(s) and/or photographs or video media, or printed or electronic matter on its website or other electronic forms of media ("marketing materials").

\_\_\_\_\_ I/we commit to participate in all future requests from Chance to Hope for any and all television appearances and other media forums including but not limited to newspapers and editorials for use in publication and marketing materials for up to five (5) years from the date the grant was awarded.

\_\_\_\_\_ I /we hereby waive any right to inspect or approve the finished photographs or video media in printed or electronic matter that may be used now or in the future, whether that use is known to me/us or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photographs or video media in printed or electronic marketing materials.

\_\_\_\_\_ I/we hereby agree to release, defend and hold harmless Chance to Hope and its subsidiaries, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs or video media in marketing materials.

\_\_\_\_\_ I/we have read this release before signing below and fully understand the contents, meaning and impact of this release. I/we understand that I/we have had an opportunity to address any specific questions regarding this release by submitting those questions to Chance to Hope in writing prior to signing, and/or by consulting a professional of my own choosing and I/we agree that my/our failure to do so will be interpreted as free and knowledgeable acceptance of the terms of this release.

Date: \_\_\_\_\_

Husband's Name: (Please print) \_\_\_\_\_

Husband's Signature: \_\_\_\_\_

Wife's Name: (Please print) \_\_\_\_\_

Wife's Signature: \_\_\_\_\_

RELEASE OF  
EMPLOYMENT AND PERSONAL INFORMATION

We, \_\_\_\_\_, give permission to

\_\_\_\_\_  
Current Employer/Personal Reference

To verify our employment and educational information and to respond to requests of information from any agent of *Chance to Hope*, in connection with our application for financial assistance from the *Chance to Hope Grant* program.

\_\_\_\_\_  
Employee Signature (Husband)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Employee Signature (Wife)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

**CERTIFICATION**

We swear under oath that the information provided in this application and required attachments is truthful and accurate. We give Chance to Hope permission to contact any individual or professional referenced in this application and required attachments to verify the submitted information. We acknowledge receipt of the Informed Consent and Acknowledgement of Risk form.

\_\_\_\_\_

Husband's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Wife's Signature

\_\_\_\_\_

Date

**NOTORIZATION OF Chance to Hope, CONFIDENTIAL APPLICATION**

STATE OF \_\_\_\_\_

CITY/COUNTY \_\_\_\_\_

I HEREBY CERTIFY, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for the jurisdiction written above, personally appeared \_\_\_\_\_ and \_\_\_\_\_, being well known to me (or satisfactory proven) to be the persons who signed this Confidential Application, and acknowledged that they executed the agreement as their free and voluntary act and deed for the purposes specified in the agreement.

\_\_\_\_\_  
Notary Public

My commission expires:

Selection is based on the compelling nature of an applicant's circumstances, their fertility history, financial situation and a number of other determining factors.

Please return this completed application along with the required attachments to:

Chance to Hope  
818 N. Boeke Rd.  
Evansville, Indiana 47711

You will be notified in writing if you are selected as a grant recipient. Thank you for your time and interest in our grant program.