



## **ADOPTIVE FAMILIES COALITION APPLICATION 2017**

### APPLICATION REQUIREMENTS

- 1) The child seeking a sponsorship is an adopted male or female through the age of 18.
- 2) The adopted parent or guardian must fill out the application form completely and sign.
- 3) In a 1500 words or less cover letter or email, clearly explain how this sponsorship will assist you in achieving your child's treatment goals. Explain exactly how you will use the requested funds. State the amount of funds required to achieve your goals. Cover letters must be typed or printed neatly and submitted with completed application.
- 4) A copy of a therapist or doctor's recommendation and diagnosis.
- 5) A copy of the sponsorship child's primary & secondary medical insurance card front and back.

Mail Completed Application to:

Adoptive Families Coalition  
PO Box 345  
Hyde Park, UT 84318

Please Note: The approval of the sponsorship application is at the sole discretion of the Adoptive Families Coalition Committee. All documents are kept confidential.



## II. APPLICANT INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Last Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### EMPLOYMENT

Parent/Guardian Employer: \_\_\_\_\_

Number of Years Employed: \_\_\_\_ Does this company have a matching donation program?

Employment information: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Number of Years Employed: \_\_\_\_ Does this company have a matching donation program?

Employment information: \_\_\_\_\_

### INSURANCE

Health Insurance: [  ] Yes [  ] No

Name of Health Insurance Company: \_\_\_\_\_

What mental health coverage is offered by your insurance company to cover the

Particular services needed for your child? \_\_\_\_\_

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Do you need help researching benefits and/or submitting claims? \_\_\_\_\_

## III. SPONSORSHIP CHILD INFORMATION

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Address (if different from Parent/Guardian): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ [ ] Male [ ] Female

**ADOPTION**

Date of Adoption: \_\_\_\_\_ State of Adoption: \_\_\_\_\_ Age at time of Adoption: \_\_\_\_\_

Type of Adoption: [ ] Private [ ] Agency [ ] Foster Care

Name of Representing Attorney or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**BEHAVIORS**

Current Diagnosis: \_\_\_\_\_

How long has your child exhibited diagnosable behavioral issues?

Behaviors Exhibited: \_\_\_\_\_

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

**IV. FINANCIAL INFORMATION**

What financial resources have been utilized until now for the treatment of your child?

Have you applied for other funding resources and if so, through what organization and what amount of funds did you receive?

**TREATMENT ISSUES**

Does your child have legal issues?

Does your child have an IEP?

Has he/she had a comprehensive psych evaluation?      If so, by whom?

Funds raised for therapeutic treatment of sponsorship recipients through Adoptive Families Coalition are tax deductible to the extent allowed by law. Only the amount of recommended sponsorship funds donated will be forwarded to the treatment provider. No donations will be distributed directly to the recipient or their family. Adoptive Families Coalition does not make up any shortfall between what is donated and what the treatment provider invoices. Parents of the recipient cannot contribute to their own child's sponsorship account. 100% of all recommended donations will go directly for treatment, as generous donations have covered the cost of



operations. All donations to Adoptive Families Coalition recommended for a specific child are under the sole discretion of the Adoptive Families Coalition Board. Donated funds exceeding the total amount of treatment and/or unused for the recipient are not refunded to the recipient family, but remain in the sponsorship program.

**SELECT TREATMENT OF INTEREST:**

- Residential Treatment Center up to 18 months
- Psychologist/Psychiatrist Services up to 3 years
- Attachment, EMDR, and/or Neurofeedback Therapy up to 3 years
- \_\_\_\_\_

No medication costs will be considered for Adoptive Families Coalition sponsorship coverage.

I hereby certify that the information I have submitted is correct. I authorize the release of this information to members of the Adoptive Families Coalition Sponsorship Committee and will provide additional information or verification upon request.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

