



## HOIDSA Adoption Grant Information and Requirements

The Heart of Illinois Down Syndrome Association has established an Adoption Grant to help HOIDSA members who are planning to adopt an individual with Down syndrome. The Adoption Grant is available up to the amount of \$2500 for qualifying families. Payment will be made directly to the adoptive parent(s) at the conclusion of the adoption process. Please contact the HOIDSA at 309-712-4852 with questions regarding these the rules or requirements of the grant.

### Rules for HOIDSA

1. The HOIDSA Board must vote to approve the expense annually during budget process
2. The HOIDSA Board must vote on complete applications
3. Grants will be given at the sole discretion of the HOIDSA Board
4. Families may request one grant per year, per family
5. Grants will be awarded until the dollars budgeted are exhausted for the calendar year

### Requirements for Applicant

1. Must live in the area that HOIDSA serves (Peoria, Marshall, Tazewell and Woodford counties)
2. Must join HOIDSA as a supported family
3. The adopted child must have Down syndrome
4. Available for domestic or international adoptions completed within the calendar year
5. Grant funds payable upon successful completion of court for the adoption

Completed application should be sent to:

Heart of Illinois Down Syndrome Association, Inc.  
c/ Bethel Luthern Church  
325 E. Queenswood Rd.  
Morton, IL 61550

Or submitted electronically to:

info@HOIDSA.org with "Adoption Grant" in the subject line

### How do I learn if I get a stipend?

1. Completed applications will be reviewed promptly by a review team of the group's officers to determine whether the applicant is eligible for funds, and whether or not there are funds available.
2. Applicants are notified by phone or in writing following the team's decision. Applicants must provide receipts for all funds spent. A check will be sent once receipts are submitted, unless prior arrangements have been approved by the group's treasurer.



### HOIDSA Adoption Grant Application

To complete application, please enclose:

1. This completed HOIDSA adoption application
2. Proof of finalized adoption (court decree, new birth certificate, etc)
3. Medical records or other information confirming diagnosis of Down syndrome
4. Proof of adoption related expense in the amount of the grant or greater...examples are as follows: Agency or attorney fees, Travel expenses (airplane, hotel), USCIS fees, Paper filing fees (court, apostille)

#### HOIDSA ADOPTION GRANT APPLICATION

Date \_\_\_\_\_

Applicants Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you an existing HOIDSA supported family? \_\_\_\_\_

Adoption Agency (Name, Contact Person, E-Mail Address & Phone Number \_\_\_\_\_

\_\_\_\_\_

Where are you adopting from? \_\_\_\_\_

Birthdate of Child: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date of court for adoption: \_\_\_\_\_

Your request will be considered, and reimbursement will be made upon approval by the HOIDSA board.

\_\_\_\_\_  
\*By signing, you acknowledge that the above is correct to the best of your knowledge

\_\_\_\_\_  
Date