

AMCSI Adoption Grant

Application



AMCSUPPORT.ORG

Athrogryposis Multiplex Congenita Support, Inc.

About the AMCSI Adoption Grant

- Applicants must have a completed homestudy in order to apply.
- Child must be diagnosed with arthrogryposis multiplex congenita (AMC) confirmed by medical record or agency.
- Adoption must be within 12 months of completion at time of application.
- Grant amounts vary from \$500–\$2,500 based on available funds, stated need, and unanimous approval by AMCSI adoption committee during monthly meeting.
- All grant amounts will be distributed after adoption is finalized.
- If adopting more than one child with AMC, please fill out a separate application per child.
- Keep in mind that we will be contacting your caseworker or agency so make sure you provide a working phone number for them.

AMCSI Adoption Grant Application

Full names of all parties adopting child

First Name	Middle	Last
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First Name	Middle	Last
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Current Address: Street	Apartment
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City	State/Province	ZIP/Postal Code
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Phone/Cell Number	Email Address
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Name of caseworker	Phone
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Agency/Organization Address: Street

City	State/Province	ZIP/Postal Code
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Date of completed homestudy _____ / _____ / _____

Date of completed adoption _____ / _____ / _____ Or

Estimated date of completed adoption _____ / _____ / _____

Was your adoption international or domestic? (Circle one.)

Name of agency _____

Is the adoption from foster care? Yes No

Is the child currently in your care? Yes No

Arthrogryposis multiplex congenita (AMC) is defined as multiple joint contractures present at birth. A person must have three or more joints affected in two or more areas of the body to receive the diagnosis of AMC. A joint contracture is joint that lacks normal range of motion.

Has your child been diagnosed with arthrogryposis multiplex congenita (AMC)? Yes No

Who diagnosed your child? (If the doctor is unknown, please put the name of the organization your child is listed with.)

Doctor Name Agency/Organization

What type of AMC does your child have? (If unknown, write UNKNOWN.) _____

Child's age _____

Annual household income _____

Estimated total adoption cost _____

The following questions are optional:

What made you decide to adopt a child with AMC? _____

Did you know anything about AMC before starting the adoption process? If so, what? _____

Do you have any questions about AMC for us? _____

What would this grant mean to you? _____

AMCSI Consent to Release Confidential Information

I/We, _____, hereby authorize AMCSI to release and obtain the following information from the adopting party's case worker:

Any and all material related to the child(ren) being adopted.

Any and all personal information.

Any and all personal financial information including proof of expenses related to the current adoption(s).

If the information requested above is not provided by the case worker for any reason, I/we agree to provide AMCSI with that information directly and with all expediency.

I/We understand that this release of information may be revoked in writing at any time. Unless otherwise revoked, this authorization will expire one year (12 months) from date on release.

I/We have had the opportunity to ask questions regarding this release of information and these questions have been answered fully.

I/We agree to hold harmless AMCSI, and its volunteers and employees, from and against any claim or cause of action based on the release of requested information.

I/We understand that I/we have the right to refuse to sign this release of information, and that by doing so my/our grant application will become void.

By the signature(s) below, I/we affirm that I/we have read this release or it has been read to me/us, and I/we understand its content.

Signature of parent _____ Date _____

Signature of parent _____ Date _____

Please submit your completed application and send any questions to adoption.AMCSI@gmail.com