



160 68th St. SW, Ste. 110
 Grand Rapids, MI 49548
 Telephone: 616-956-3488

Member Adoption Assistance Application Form

Date: _____

The Down Syndrome Association of West Michigan has established an Adoption Assistance Fund to help DSAWM members who are planning to adopt an individual with Down syndrome. Payment will be made directly to the adoptive parent(s) at the conclusion of the adoption process.

Assistance requests of **up to \$1,500** may be approved for Members in Good Standing (see below). Prior to approval of your application, membership and volunteer requirements must be met. Please contact our office at 616-956-3488 with questions regarding these requirements.

To Qualify for Funding, an Applicant Must Meet the Following Requirements:

- Live in the West Michigan service area as defined by the Board of Directors
- Be a current year voting member
- Provide a minimum of two (2) hours of volunteer service in the year assistance is requested

Please complete and mail this form to the address in the top right corner of this form. A copy of the provider (attorney) invoice or statement of payment must be included. Thank you!

Name & Age of Individual with Ds _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Adoption Agency Name _____

Agency Contact Person _____

Agency Phone Number _____ Email _____

As a Member in Good Standing, I am involved with the DSAWM in at least two (2) of the following:

- | | |
|---|---|
| <input type="checkbox"/> Attend Workshops/Conferences | <input type="checkbox"/> Attend School-Age Programs |
| <input type="checkbox"/> Attend Step Up for Down Syndrome | <input type="checkbox"/> Attend Teen/Adult Programs |
| <input type="checkbox"/> Attend Member Gatherings | <input type="checkbox"/> Attend Parent Gatherings |
| <input type="checkbox"/> Attend Early Stages Programming | <input type="checkbox"/> DSAWMF or Financial Contribution |

I have volunteered for a minimum of two (2) hours in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Event/Program Volunteer | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Parents for Parents Mentor |
| <input type="checkbox"/> Translator | <input type="checkbox"/> Other _____ |

By signing, you acknowledge that the above is correct to the best of your knowledge. _____ Date

Thank you! Your request will be considered, and reimbursement will be made upon approval by DSAWM

<input type="checkbox"/> Membership Current <input type="checkbox"/> Volunteer Hours Met	DSAWM Office Use Only <input type="checkbox"/> West Michigan Resident <input type="checkbox"/> Provider Invoice Included	<input type="checkbox"/> Member in Good Standing <input type="checkbox"/> Proof of Payment Included
Amount Approved _____	Approval Signature & Date _____	