



*I assure you, when you did it for one of the least of these... you were doing it for Me.
Matt. 25:40*

AGENCY RECOMMENDATION FORM

(To be completed by your adoption agency and mailed directly to KINSMAN REDEEMER, 22800 Spencer Lane, Kirksville, Missouri 63501)

Adoptive Parent's Name(s): _____ Date: _____

Adoption Agency: _____ Phone: _____

Address: _____

E-mail: _____

KINSMAN REDEEMER seeks to give more children secure, loving homes by reducing the costs associated with adoption. We provide financial grants for Christian adoptive couples who need financial assistance with adoption expenses.

Based on the various facets of their finances, can you recommend this applicant for financial assistance in this adoption?

Highly Recommended Recommended Not Recommended

Please explain why: _____

What is the anticipated cost of this adoption? \$ _____

Does this applicant qualify for any financial aid from this agency? Yes No

If so, what is the amount of such assistance? \$ _____

I verify that we have completed or reviewed an approved home study for the couple named above. To the best of my knowledge, they are committed to this adoption process and will be good parents to a child.

Printed Name: _____

Signature: _____ Date signed: _____

Thank you for taking the time to complete this form!

Please mail it to: KINSMAN REDEEMER, 22800 Spencer Lane, Kirksville, Missouri 63501

Kinsman Redeemer:

kinsmanredeemer2@gmail.com

www.thekinsmanredeemer.org