



**Medical Care Grant Application
Pastor Recommendation Form**

SECTION A – To be completed by child’s Parent/Legal Guardian

Parent/Legal Guardian: Please complete “Section A” then provide this form to the pastor or pastoral staff member at the church you attend most regularly. This completed form should be submitted directly to Show Hope by the pastor or pastoral staff member.

Child’s First Name _____ Last Name _____

Parent/Legal Guardian Name(s) _____

Parent/Legal Guardian Email _____

Parent/Legal Guardian Phone _____ Church Name _____

Church Address _____

Church Website _____

**Handwritten or digital signature is required.*

Parent/Legal Guardian Signature _____ Date _____

SECTION B – To be completed by the pastor/pastoral staff member

The Parent/Legal Guardian of the child listed above is applying for a Show Hope Medical Care grant. **Please complete the information below, and email a copy of the completed form to medicalcare@showhope.org with the child’s last name in the subject line.**

Pastor/Pastoral Staff Name _____

Position _____

Pastor Email _____ Pastor Phone _____

In what ways have you seen this family contribute to the life and good of the local church through their own unique set of gifts?



In what ways have you seen this family succeed or struggle in their efforts to shepherd their child/children spiritually, emotionally, or physically?

Show Hope's work centers on reducing barriers to adoption, and we desire to help your church continue to journey well with families impacted by adoption and foster care. To that end, in what ways have you seen your church succeed in being a supportive community to this family through helping meet their physical, emotional, and spiritual needs?

Please check this box if you would like someone from Show Hope's Pre+Post Adoption Support Team to contact you regarding additional educational opportunities available to church staff and communities.

**Handwritten or digital signature is required.*

Signature _____ **Date** _____