Northwestern Health Sciences University

# ADOPTION REIMBURSEMENT REQUEST FORM

NAME: _____ SOCIAL SECURITY #: _____

DEPARTMENT: _____ WORK PHONE #: _____

## AGENCY OR NON-STEPCHILD ADOPTIONS

I am applying for reimbursement of the following adoption expenses. _____
(Child's Name)
was placed in my home on _____. The expected legal final adoption date is/will
(month/day/year)
be: _____.
(month/day/year)

## STEPCHILD ADOPTIONS

I am applying for reimbursement of the following adoption expenses for _____
(Child's Name)
The date of adoption finalization is: _____
(month/day/year)

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**Eligible Expenses:** Complete all items and return with acceptable documentation as defined in the Adoption Assistance Plan

| Date | Amount | Description |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Employee Signature: _____ Date: _____

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Amount Approved: $ _____

Approval: _____ Date: _____