Rensselaer Adoption Assistance Program
Reimbursement Application Form

Date: _____   Soc Sec #/ RIN #: _____

Employee Name: _____

Home Address: _____

City: _____   State: _____   Zip Code: _____

Work Address: _____

Work Phone #: _____   Home Phone #: _____

Employee Request for Reimbursement:

I am applying for reimbursement of adoption expenses listed below. I confirm that:

_____ whose birth date is
(Name of Child)
_____, is the child who was placed in my home for the purpose of adoption.
(Date of Birth)

The date for adoption finalization was _____.
                                                     (Date of Adoption)

_____   _____
(Name of Child)   (Date of Adoption)

_____   _____
(Name of Second Child – if applicable)   (Date of Adoption)

_____   _____
(Name of Third Child – if applicable   (Date of Adoption)

(OVER)

Eligible Adoption Expenses

Date	**Description** (include name of person, organization or entity to which organization was paid)	**Amount**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement: _____

Note: Please attach receipts for all expenses listed above

Any additional reimbursement requests should be listed on a separate sheet