

ADPOTION ASSISTANCE PROGRAM

Associate Name:		Date:	
Adopted Child's Full Name:		Child's Birth Date:	
Date Child Placed in Your F	Home: Date Adoption	Date Adoption was Final:	
	e: Agency Fees, Legal and Court F Expenses. (See the Adoption Assi		
(List all expenses to be rein	nbursed. All expenses must be submitted at one	e time after the child is placed in your home)	
Date	Amount	Explanation	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$ \$		
	⊅		
Total Amount to be reimbur	sed \$		
(A copy of all receipts must	be attached, including the order p	lacing the child in your home.)	
	nade for the following expenses: voor your spouse is the parent of the		
Under current IRS rules, reinot subject to tax withholding	imbursement expenses under this ng.	Adoption Assistance Program are	
Associate Name	Date		
Associate Clock Number			