

ADOPTIVE PARENT EXPENSE FORM INSTRUCTIONS

Use the attached form to request reimbursement for your out-of-pocket expenses that were listed as reimbursable on your child's Adoption Assistance Agreement.

- Use blue or black ink.
- Fill out the form completely.
- Use a separate form for each child.
- The adoptive parent's name you list on the form should be the same as the "Payee" for the monthly subsidy checks. Do not use any nicknames.
- Only request reimbursement for expenses listed as reimbursable on the Adoption Assistance Agreement. *If you have questions about whether an expense is allowable, call or email us before assuming the expense.*
- Only submit your request after the service has occurred. We cannot reimburse you for services before they take place.
- Keep a tally of your balance. If there is no money left we cannot pay the expense. Do not list prior balances on the form.
- Include proof of the expense incurred (e.g., receipt, paid bill/invoice).
- Be sure to sign your name after you complete the form.
- Please submit your request for reimbursement within 60 days of the service or expense. *It usually takes 30 days to process a request if it's complete and the expense is allowable. Do not expect payment before that time.*
- If you have any questions, contact the Permanency Program at (802) 241-0876.

You can mail, fax or email your completed form to:

DCF Family Services Division, Adoption Program

280 State Drive, HC 1N

Waterbury, VT 05671-1030

Fax: 802-241-0915

Email: ahs.dcffsdadoptionpermanencyprogram@vermont.gov

ADOPTIVE PARENT REQUEST FOR REIMBURSEMENT

1. Complete one form for each child.
2. Send proof of the expense. Either:
 - Attach a paid invoice/bill that includes the following: provider's name, service provided, date(s) of service, amount paid, child's name and adoptive parent's name.
 - Have your provider complete and sign a section on the back.
 - Tape a receipt securely to the back of this form.

Adoptive Parent's Name:	Parent's Social Security #:
Address:	Daytime Phone Number:
Child's Name:	Child's DCF ID # (if known)

EXPENSES CLAIMED

DATE	EXPLANATION	AMOUNT DUE
TOTAL		

Adoptive Parent's Signature: _____ **Date:** _____

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 280 State Drive, Waterbury, VT 05671-1030
 Email: AHS.DCFSDAdoptionPermanencyProgram@vermont.gov
 Fax: (802) 241-0915

For agency use only:

CLAIMED EXPENSES & RECEIPTS

Child's name: Joe Sample	Adoptive parent's name: Millie Sample
Service provided: family swim pass	Date(s) of service: 1/1/12 thru 1/1/13
Amount: \$140.00 one hundred & forty DOLLARS	Provider's signature: <i>Jane M. Doe</i>

Child's name:	Adoptive parent's name:
Service provided	Date(s) of service:
Amount: DOLLARS	Provider's signature:

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Service provided	Date(s) of service:
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Amount: DOLLARS	Provider's signature:

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Service provided	Date(s) of service:
Amount: DOLLARS	Provider's signature: