

# Adoption Assistance Application

## Part 1 – Employee Information

Employee's Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Employee's Phone # \_\_\_\_\_

## Part 2 – Adoption Information

Adopted Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Date of Adoption \_\_\_\_\_

\*\* A copy of the adoption placement certificate or final adoption decree is required.

## Part 3 – Eligible Adoption Expenses

Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expense (Attach copies of itemized bills or documents)

\*\* Eligible expenses include adoption agency and placement fees, attorneys' fees/court costs, cost of temporary foster care for the child (during the adoption process), immunizations required for the adoption (during the adoption process and prior to the finalization of the adoption), and reasonable and necessary transportation and lodging directly associated with the adoption. (Section 137 of the Internal Revenue Code pertaining to adoption assistance programs)

\*\* Cision will reimburse 100% of eligible expenses up to \$5000.00 per adoption up to two adoptions

## Part 4 – Employee Certification

I certify to the best of my knowledge, that the expenses included in the request are eligible adoption expenses and that I am responsible for payment of these expenses.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Approved by Human Resources

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Payroll Processing Date \_\_\_\_\_