

**REIMBURSEMENT REQUEST FOR ADOPTION EXPENSES***(Please read Privacy Act Statement and Application Processing Instructions on page 3 before completing this form.)***SECTION I – MEMBER INFORMATION**1. NAME OF MEMBER (*Last, First, Middle Initial*)

2. SSN

3. MARITAL STATUS (*Check one*)

a. Single

b. Married

c. Divorced

4. PAY GRADE

5. ORIGINAL APPOINTMENT DATE

6. HOME TELEPHONE NUMBER.

7. WORK TELEPHONE NUMBER

8. HOME ADDRESS

9. STATE OF LEGAL RESIDENCE

10. ANY PREVIOUS REIMBURSEMENT  
CLAIMED IN CURRENT CALENDAR YEAR  
(*CHECK ONE*)

YES

NO

**SECTION II – SPOUSE INFORMATION**

11. IS SPOUSE A MEMBER OF THE UNIFORMED SERVICES

YES

NO

12. IF YES, NAME OF SPOUSE

13. SSN OF SPOUSE

14. SPOUSE BRANCH OF SERVICE (*Check one*)

AIR FORCE

ARMY

MARINE CORPS

NAVY

COAST GUARD

USPHS

NOAA

**SECTION III – ELECTRONIC FUNDS TRANSFER INFORMATION**

15. ROUTING TRANSIT NUMBER

16. ACCOUNT NUMBER

17. ACCOUNT TYPE (*Check one*)

CHECKING

SAVINGS

18. FINANCIAL INSTITUTION NAME

18b. FINANCIAL INSTITUTION MAILING ADDRESS (*Including 9-digit Zip Code*)**SECTION IV – ADOPTION INFORMATION**19. DATE OF HOME STUDY (*YYYYMMDD*)20. DATE CHILD PLACED IN HOME (*YYYYMMDD*)21. DATE ADOPTION FINAL (*YYYYMMDD*)

22. NOTES:

- A. The adoption must have been finalized on or after November 18, 1997.
- B. Uniformed Services include: Air Force, Army, Marine Corps, Navy, Coast Guard, USPHS, and NOAA.
- C. Reimbursement of adoption expenses may be paid only after the adoption is final. Officers who leave active duty before the final adoption decree is granted are not entitled to be reimbursed.
- D. Reimbursement claims must be submitted no later than 365 days after adoption is finalized. Failure to do so will result in loss of benefits.

23. NAME OF ADOPTED CHILD (*LAST, FIRST, MIDDLE INITIAL*)24. DATE OF BIRTH (*YYYYMMDD*)25. SEX (*CHECK ONE*)

MALE

FEMALE

26. ADOPTION ARRANGED BY (DOCUMENTATION ATTACHED) (*CHECK ONE*)

A. A State or Local Government Agency that has responsibility under state or local law for child placement through adoption.

B. A non-profit, voluntary adoption agency that is authorized by state or local law to place children for adoption.

C. Any other source authorized by a state to provide adoption placement if the adoption is supervised by a court under state or local law.

|                                                                                                                                                                                                                                |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 27. EXPENSES INCURRED <i>(Complete as applicable and attach documentation)</i>                                                                                                                                                 |    |
| A. Public and private agency fees                                                                                                                                                                                              | \$ |
| B. Placement fees, including fees charged adoptive parents for counseling.                                                                                                                                                     | \$ |
| C. Legal fees, including court costs.                                                                                                                                                                                          | \$ |
| D. Medical expenses, including hospital expenses for the newborn infant, for medical care furnished the adoptive child before the adoption, and for physical examinations of the biological mother of the child to be adopted. | \$ |
| E. Expenses relating to pregnancy and childbirth for the biological mother, including counseling and maternity costs.                                                                                                          | \$ |
| F. Temporary foster care charges when such care is required before the placement of the child                                                                                                                                  | \$ |
| G. Subtotal of expenses listed above (Items 27. a. through 27.f.)                                                                                                                                                              | \$ |
| H. Amount of reimbursement previously applied for and/or received under any other adoption benefits program administered by the Federal government or under such program administered by a State or Local government.          | \$ |
| I. Total expenses (Subtotal (Item 27. g.) minus any reimbursements in Item 27. h).                                                                                                                                             | \$ |

**SECTION V – MEMBER CERTIFICATION**

I certify that the above information and expenses are true and correct to the best of my knowledge. I understand and agree that reimbursement of expenses is limited to \$2,000 per adopted child with a maximum reimbursement of \$5,000 in any calendar year to a member, or couple where both spouses are members of the Uniformed Services. I recognize that this benefit is taxable and shall be reported by NOAA as income subject to tax. I agree not to seek further reimbursement under this program for the adoption of this child.

I further certify that neither I, nor my spouse, have received a reimbursement under any other adoption benefit program administered by Uniformed Services. To the best of my knowledge, I am the only active duty member of the Uniformed Services claiming reimbursement of \$\_\_\_\_\_.

|                                                        |                       |                                  |
|--------------------------------------------------------|-----------------------|----------------------------------|
| 28. MEMBER'S NAME <i>(LAST, FIRST, MIDDLE INITIAL)</i> | A. MEMBER'S SIGNATURE | B. DATE SIGNED <i>(YYYYMMDD)</i> |
|--------------------------------------------------------|-----------------------|----------------------------------|

**SECTION VI – AUTHORIZATION AND CERTIFICATION FOR ADOPTION EXPENSES**

I certify that, based upon the information provided and documentation attached, the above named individual is eligible for reimbursement of adoption expenses.

|                                                           |                                 |
|-----------------------------------------------------------|---------------------------------|
| 30. NAME OF OFFICIAL <i>(Last, First, Middle Initial)</i> | 31. COMMERCIAL TELEPHONE NUMBER |
|-----------------------------------------------------------|---------------------------------|

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 5701 – 5742, 37 U.S.C. 404-427, P.L. 102-190, SECTION 651, AND E.O. 9397

**PRICIPAL PURPOSE(S):** Used for reviewing, approving, accounting and disbursing for adoption reimbursement. The Social Security Number (SSN) is used to maintain a numerical identification system for individual claims and tax reporting purposes.

**ROUTINE USE(S):** None

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

## APPLICATION PROCESSING INSTRUCTIONS

1. Commissioned Personnel Center will assist the member in completing the application for reimbursement and provide any additional guidance needed concerning the program.
2. The member will provide documentation supporting agency involvement, any final court papers, and all substantiating receipts with the claim. Submit certified copies of original court or agency documents. Documents will not be returned to the member.
3. If eligibility for reimbursement cannot be determined from the documents provided or claimed expenses are not properly supported by receipts, additional information will be requested. If the claim is denied, a letter will be sent to the member's home address. The claim will not be returned to the member.
4. When the reimbursement request with documentation is complete, the Director, Commissioned Personnel Center will certify the claim by completing the Adoption Expense Certification.
5. Commissioned Personnel Center will forward the Adoption Expense Certification along with a memorandum to NOAA Finance Office, Germantown, MD for processing of payment. NOAA Finance will reimburse by EFT to the member's EFT account. NOAA Finance will withhold Federal income taxes at 20 percent and State income taxes at 4 percent, if applicable. A Form W-2 will be issued and mailed to the member no later than January 31<sup>st</sup> of the following year.