

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 <i>(Last, First, Middle Initial) (Print or Type)</i>				2. SSN			
3. MARITAL STATUS <i>(Check one)</i>		a. SINGLE		b. MARRIED		c. DIVORCED	
4. PAY GRADE	5. EXPIRATION OF SERVICE DATE <i>(YYYYMMDD)</i>	6. HOME TELEPHONE NO.	7. WORK TELEPHONE NO.	8. CELL PHONE NO.			
9. MEMBER'S BRANCH OF SERVICE <i>(Must be in active duty status with 180 days of continuous service)</i>							
a. AIR FORCE		b. ARMY		c. MARINE CORPS		d. NAVY	
10. CORRESPONDENCE ADDRESS <i>(Include 9-digit ZIP Code and Apartment number, if applicable)</i>				11. EMAIL ADDRESS			
				12. ANY PREVIOUS REIMBURSEMENT CLAIMED FROM DOD IN CURRENT CALENDAR YEAR <i>(Check one)</i>		YES	
						NO	

SECTION II - SPOUSE INFORMATION

13. IS SPOUSE A MEMBER OF THE ARMED FORCES <i>(Including the U.S. Coast Guard) (Check one)</i>				YES		NO	
14. IF YES, NAME OF SPOUSE <i>(Last, First, Middle Initial)</i>				15. SSN OF SPOUSE			
16. BRANCH OF SERVICE OF SPOUSE							
a. AIR FORCE		b. ARMY		c. MARINE CORPS		d. NAVY	
e. COAST GUARD							

SECTION III - ELECTRONIC FUND TRANSFER INFORMATION *(RTN must be provided.)*

17. ROUTING TRANSIT NUMBER		18. ACCOUNT NUMBER		19. ACCOUNT TYPE <i>(Check one)</i>		CHECKING	
						SAVINGS	
20a. INSTITUTION NAME				20b. MAILING ADDRESS OF INSTITUTE <i>(Include 9-digit ZIP Code)</i>			

SECTION IV - ADOPTION INFORMATION

21. DATE OF HOME STUDY <i>(YYYYMMDD)</i>		22. DATE CHILD PLACED IN HOME <i>(YYYYMMDD)</i>		23. DATE ADOPTION FINALIZED <i>(YYYYMMDD)</i>		24. STATE OR COUNTRY WHERE THE ADOPTION WAS FINALIZED	
25. NOTES:							
a. Members on nonactive duty or members on active duty less than 180 days are not eligible for adoption reimbursement.							
b. Reimbursement of adoption expenses may be paid only after the adoption is final. Members who leave active duty before the final adoption decree is granted are not entitled to reimbursement.							
c. Reimbursement claims must be submitted no later than 365 days after adoption is finalized. Failure to do so may result in loss of benefits.							
26. NAME OF ADOPTED CHILD <i>(Last, First, Middle Initial)</i>				a. DATE OF BIRTH <i>(YYYYMMDD)</i>		b. SEX <i>(Check one)</i>	
						MALE	
						FEMALE	
27. ADOPTION ARRANGED BY <i>(Documentation attached) (Check one)</i>							
a. A state or local government agency.							
b. A nonprofit adoption agency that is authorized by state or local law to place children for adoption.							
c. Other source authorized by state or local law to place children for adoption.							

28. EXPENSES INCURRED <i>(Complete as applicable and attach documentation)</i>	
a. Public and private agency fees.	\$
b. Temporary foster care charges when such care is required before the placement of the child.	
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. Placement fees, including fees charged adoptive parents for counseling.	
f. Expenses relating to pregnancy and childbirth for the biological mother, including counseling and maternity costs.	
g. Subtotal of expenses listed above <i>(Items 28.a. through 28.f.)</i> .	
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 <i>(Subtotal (Item 28.g.) minus any reimbursements in Item 28.h.)</i> .	

SECTION V - ARMED FORCES 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 maximum reimbursement of \$5,000 in any calendar year to a member, or couple where both spouses are members of the Armed Forces (including the U.S. Coast Guard). 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 the Department of Defense. To the best of my knowledge, I am the only active duty member of the Armed Forces or U.S. Coast Guard claiming reimbursement of \$ _____.

29. MEMBER'S NAME <i>(Last, First, Middle Initial)</i> <i>(Print or Type)</i>	a. MEMBER'S SIGNATURE	b. DATE SIGNED <i>(YYYYMMDD)</i>
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SECTION VI - AUTHORIZATION AND CERTIFICATION FOR ADOPTION EXPENSES

I certify that, based upon information provided and documentation attached, the below named individual is eligible for reimbursement of adoption expenses, subject to final approval by the Defense Finance and Accounting Service (DFAS).

30. NAME OF ACTIVE DUTY MEMBER <i>(Last, First, Middle Initial)</i>	31. SSN	
32. TITLE OF CERTIFYING OFFICIAL <i>(Commanding Officer or Designee) (Print or Type)</i>		
a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. DSN	c. COMMERCIAL TELEPHONE
d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>	
33. DUTY STATION DELIVERY ADDRESS <i>(APO/FPO Designation and ZIP Code)</i>		

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.

PRINCIPAL 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. The member's Personnel activity will assist in completing the application for reimbursement. DFAS will provide any additional guidance needed concerning the program.
2. The member will provide documentation supporting placement by an authorized source, any final court papers including translations if necessary, all substantiating receipts in U.S. currency amounts with the claim, and in the case of foreign adoptions, submit proof of U.S. citizenship for the child. Submit certified copies of original court or agency documents. Documents will not be returned to the member.
3. If necessary, claim requests and certification forms may be mailed to the Personnel activity. Claim forms may be signed by the member's spouse under a power of attorney, which must be attached.
4. The member must retain copies of all paperwork until the claim is paid or denied.
5. When the reimbursement request with documentation is complete, the member's commanding officer, or designee, will certify as to the validity of the claim by completing the Adoption Expense Certification.
6. The member's Personnel activity will submit the completed claims package by certified mail to: Defense Finance and Accounting Service, Cleveland Site (Code PMMCCB), 1240 East Ninth Street, Cleveland, OH 44199-2059. Phone numbers are as follows: DSN 580-5576 and Commercial (216) 522-5576. Email: CCL-Adoption-reimbursement@DFAS.mil.
7. If the adoption and expenses are eligible for reimbursement, the Director, DFAS-CL will so certify the payment.
8. DFAS-CL will reimburse by EFT to the member's EFT account. Upon payment, a letter detailing the reimbursed expenses will be sent to the member.
9. If eligibility for reimbursement cannot be determined from the documents provided or claimed expenses are not properly supported by receipts, DFAS-CL will retain the claim and request the necessary information or documentation. The additional documentation must be submitted within 90 days for the claim to be considered.
10. If the claim is denied, a letter stating the denial will be sent to the member's correspondence address. The claim will not be returned to the member.
11. To obtain detailed requirements, the member should consult the DODFMR, Vol 7C, Chapter 4, "Reimbursement of Adoption Expenses", found at www.dod.mil/comptroller/fmr.