

## 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
<b>TOTAL</b>		

**Adoptive Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this form to:** DCF - Family Services Division, Adoption Program  
 280 State Drive, Waterbury, VT 05671-1030  
 Email: [AHS.DCFSDAdoptionPermanencyProgram@vermont.gov](mailto:AHS.DCFSDAdoptionPermanencyProgram@vermont.gov)  
 Fax: (802) 241-0915

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*For agency use only:*

## CLAIMED EXPENSES & RECEIPTS

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

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

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

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

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

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