

## **PROVIDER INSTRUCTIONS FOR ADOPTIVE CHILD EXPENSES**

Use the attached form to request reimbursement for services provided.

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- Only request reimbursement for expenses listed as reimbursable on the child's Adoption Assistance Agreement.
- Fill out the form completely.
- Use blue or black ink.
- Use a separate form for each child.
- Only submit your request after the service has occurred. We cannot reimburse you for services before they are provided.
- Do not list prior balances on the form.
- Include applicable bills and invoices.
- 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](mailto:ahs.dcffsdadoptionpermanencyprogram@vermont.gov)

**PROVIDER REQUEST FOR PAYMENT**  
for Adoptive Child Expenses

Provider's Name:	Business Tax ID #:
Address:	
Adopted Child's Name:	

**EXPENSES** - please attach all bills or invoices.

DATE	EXPLANATION	AMOUNT DUE
<b>TOTAL</b>		

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this form to:** DCF - Family Services Division, Adoption Program  
280 State Drive, Waterbury, VT 05671-1030  
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*For agency use only:*