

Adoption Assistance Reimbursement Form

1. _____
 First Name Last Name AA Employee #

2. **Contact Information**

Please complete the contact information below and select your preferred contact method

(____) ____ - ____
 Phone Number

 Email Address

3. **Adoptive Child(ren) Information**

 Child's First Name Child's Last Name Date of Birth

 Child's First Name Child's Last Name Date of Birth

 Child's First Name Child's Last Name Date of Birth

 Child's First Name Child's Last Name Date of Birth

4. **Date Adoption Finalized**

 Date

5. **Summary of Expenses Submitted for Reimbursement**

Type of Service	Service Provider	Date of Service	Amount
		Total:	

6. **Submitting the completed form** – “Open a case” by visiting the Team Member Services page of Jetnet or mail to, Attn: Adoption Assistance, 4333 Amon Carter Blvd, MD 5141, Fort Worth, TX 76155

Attach all of the following:

- Adoption Assistance Reimbursement Form
- Receipts for expenses submitted for reimbursement
- Court Order or paperwork verifying legal finalization of adoption