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**

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<th>Type of Service</th>
<th>Service Provider</th>
<th>Date of Service</th>
<th>Amount</th>
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   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