

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, 1 Skyview Drive, MD 8A203, Fort Worth, TX 76155

Attach all of the following:

- Adoption Assistance Reimbursement Form
- Detailed receipts for expenses submitted for reimbursement
 - Please note that copies of checks and credit card receipts will not be accepted as proof of payment
- Court Order or paperwork verifying legal finalization of adoption