

APPLICATION FOR ADOPTION ASSISTANCE

(Must be submitted within 12 months of the child being placed in your home)

Team Member Information

Name _____ **Team Member #** _____

Position Title _____ **Operating Group** _____

Adoption Information

NOTE: Please attach receipts in U.S. dollars for all expenses listed below, as well as a copy of the adoption placement decree.

If more space is needed, please attach another sheet.

Date Paid	Expense Amount	Description

Total Reimbursement: \$ _____

Type of Adoption

Name of Agency or Attorney

Address

City	State	Zip	Phone Number
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Age of Child to be Adopted (must be under 18 years of age)

I am applying for reimbursement of eligible adoption expenses listed above and certify that the child I am adopting is unrelated to my spouse or myself.

Team Member Signature _____ **Date** _____

HUMAN RESOURCES USE ONLY:

Total Benefit Paid: \$ _____ **Signature of Authorized Administrator** _____

Return completed form to askHR@mortenson.com