



ADOPTION ASSISTANCE PROGRAM
 Faculty, Administrative/Professional Staff and Professional Research Staff
REIMBURSEMENT APPLICATION
 (Please print)

Employee Name: _____ Social Security #: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

EMPLOYEE REQUEST FOR REIMBURSEMENT

I am applying for reimbursement of adoption expenses listed below, confirming that _____,
 (Child's Name)
 whose birth date is _____, was placed in my home for the purpose of adoption on _____.
 (Date)

The date for adoption finalization, or anticipated finalization, is _____.

I do / do not have access to adoption assistance coverage from a source other than New York University.

The name of the provider is _____. The amount reimbursed is/was _____.

ELIGIBLE ADOPTION EXPENSES

Date	Description (include name of person, organization or entity to which expense was paid)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Reimbursement:		_____

Note: Please attach receipts for all expenses listed above, as well as a copy of the adoption placement decree and birth certificate.

PLEASE COMPLETE REVERSE SIDE

ADOPTION ASSISTANCE PROGRAM

EMPLOYEE STATEMENT OF UNDERSTANDING

I certify that the receipts or cancelled checks I am submitting are qualified adoption expenses under New York University's *Adoption Assistance Program*. Qualified adoption expenses means reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses directly related to, and whose principal purpose is for, the legal adoption of an eligible child under 18 years of age.

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this *Adoption Assistance Program*, nor have they been previously reimbursed by NYU's *Adoption Assistance Program*, nor by any other source.

I further acknowledge that to the extent that any income tax exclusion or credit may be available to me, I cannot claim the exclusion and the credit for the same expense.

I understand that New York University does not make any commitment or guarantee that amounts paid to me under this *Adoption Assistance Program* will be excludable from my gross income for federal, state or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under the *Adoption Assistance Program* is excludable from my gross income for federal income tax purposes.

(Signature of Applicant)

(Date)

PLEASE COMPLETE BOTH SIDES AND SUBMIT FORM TO:

Family and Community Initiatives
Office of Faculty Resources
New York University
194 Mercer Street, Room 404B
New York, NY 10012