



ADOPTION ASSISTANCE PROGRAM REIMBURSEMENT FORM

Full-Time Faculty, Full Time Administrative/Professional Staff
and Full Time Professional Research Staff

Updated 2017

(Please print)

Employee Name: _____ NYU ID#: _____

Department: _____ NYU Email: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Spouse/Partner's Name: _____

Spouse/Partner's Employer: _____

EMPLOYEE REQUEST FOR REIMBURSEMENT

I am applying for reimbursement of adoption expenses listed below, confirming

that _____, whose birth date is _____, was placed in my home for the
(Child's Name) (Date)

purpose of adoption on _____.
(Date)

Date for adoption finalization _____.
(Date)

NOTE: Please list expenses on page two.

ATTACH:

1. Receipts or cancelled checks for all expenses listed on page two.
2. Copy of adoption finalization.
3. Copy of birth certificate.

ELIGIBLE ADOPTION EXPENSES

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

Effective September 1, 2017, \$5,000 per adoption of an eligible child (\$6,000 for a child with special needs) may be requested.

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. 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 PAGES AND SUBMIT FORM WITH REQUIRED ATTACHMENTS TO:

askpeoplelink@nyu.edu
Subject: Adoption Assistance Reimbursement Form