Cornell University Adoption Assistance Program

Faculty/Academic Staff/Administrative Staff

Expense Reimbursement Application

Attach Documentation to Application Before Submitting Via US Mail to:

Benefit Services, 395 Pine Tree Road, East Hill Office Building, Suite 102

Cornell University, Ithaca, New York 14850

General Information:

Date:	(MM/DD/YYYY)				
1) Applicant Name:(Last, First, Middle Initial) (Upper left corner of you	2) Cornell ID #				
3) Social Security Number					
4) Mailing Address:					
5) City: 6) County:	7) State:8) Zip:				
9) Cornell Unit/Department: 10) Job Title: Note: Please use the department listed in the top center box of your pay stub					
1) Work Phone: 12) E-mail Address: 13) Home Phone:					
14) Marital Status: Single (including divorced and widowed)	Married (including legally separated) Domestic Partner				
15) Co-Applicant (must be living in the same household):					
16) Name of Employer of Co-Applicant:					
Employee Request	t for Reimbursement				
The Adoption Assistance Program requires that you submit	it documentation of expenses to be reimbursed.				
17) Name of Child Adopted:					
18) Birth Date of Child Adopted:					
19) Date Child Placed in Home:					
20) Date for Adoption Finalization, or Anticipated Finalization:					

21) Does this child have special needs, as defined in the Information & Eligibility Guidelines document? \square Yes \square No

22) Amount Requeste				d (ONE CHILD PER PAGE)
				FILL OUT SEPARATELY OU HAVE ADOPTED
A. Name of Adopte	d Child:		B. Age:	C. Birth Date:
Expense Inform	nation:			
Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Paid To:	Description of Eligible Expenses (Attach <u>copies</u> of itemized bills or documents)
Total Amount to be	Reimhursed		(Mayimum allowable	is \$5,000 per child or \$6,000 if the child has special needs)
(Attach separate s		for addition		is \$\phi_0,000 per clina or \$\psi_0,000 if the clina has special needs)
Statement of Unc	derstanding			
Adoption Assistance program. "Qualified	Program. The readoption expense	eceipts or canc es" means reas	elled checks that I have sonable and necessary ad-	mentation for reimbursement under Cornell University's submitted are qualified adoption expenses under the university's option fees, court costs, attorney's fees, and other expenses an eligible child under 18 years of age.
these expenses incurr	red in connection nder an employe	of the child of r plan other th	f my spouse or domestic an this Adoption Assista	aw or in carrying out any surrogate parenting agreement, nor are partner. Furthermore, these expenses have not been nor will nce Program, nor have they been previously reimbursed by
Program will be exclusive will apply to or be av	udable from my ailable to me. I	gross income f understand tha	for federal, state, or local	antee that amounts paid to me under this Adoption Assistance income tax purposes, or that any other federal tax treatment etermine whether any payments made under the Adoption tax purposes.
relating to this applic	ation are comple result in cancella	te and correct tion and repay	to the best of my knowle	nges regarding my adoption. I certify that the statements edge and I understand that any intentional misrepresentation in sistance reimbursement and/or may result in adverse

Signature

Date