**Request for One-Time Reimbursement of Adoption-Related Expenses**  
**for Adoption Assistance Recipients**

**Use of Form:** Completion of this form is voluntary. Information provided on this form will be used to determine eligibility for one-time reimbursement of adoption-related expenses, up to $2,000 per child for costs that were reasonable and necessary to finalize the adoption of the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Requests for one-time reimbursement must be completed by the adoptive parent(s) and submitted within two years of the date of adoption. Each child referenced on this form must have a signed and active adoption assistance agreement with the Wisconsin Department of Children and Families (DCF).

The adoptive parent(s) must list adoption-related expenses they believe qualify for reimbursement and attach the documentation requested. Only expenses incurred prior to adoption finalization can be reimbursed. Expenses claimed for reimbursement must be reasonable, actual, and necessary. Instructions for providing supporting documentation are listed on page 5.

For more information, see [Adoption Assistance: One-Time Expense Reimbursement (DCF-P-PFS0747)](https://dcf.wisconsin.gov/files/publications/pdf/0747.pdf).

Submit the completed, signed request and attachments via mail or email to:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mail:** | | DCF / DSP / BPOHC  Adoption Assistance Program  P.O. Box 8916  Madison, WI 53708-8916 | | | | | **Email:** | DCFAdoptionAssistance@wisconsin.gov | | | | | | | | | | |
| **Section I. Parent / Child(ren) Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Adoptive Parent 1 Full Name (Last, First MI) | | | | | | | | | | | | | Adoptive Parent 2 Full Name (Last, First MI) | | | | | | | | | | |
| Mailing Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | Preferred Contact Method *(check all that apply)*  Adoptive Parent 1 Phone  Adoptive Parent 1 Email  Adoptive Parent 2 Phone  Adoptive Parent 2 Email | | | | | |
| Adoptive Parent 1 Daytime Phone Number | | | | | | | Adoptive Parent 2 Daytime Phone Number | | | | | | | | | | |
| Adoptive Parent 1 Email Address | | | | | | | | | | | | | Adoptive Parent 2 Email Address | | | | | | | | | | |
| Adopted Child 1 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| Adopted Child 2 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| Adopted Child 3 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| Adopted Child 4 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| Adopted Child 5 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| Adopted Child 6 Full Name (Last, First MI) | | | | | | | | | | | | | | | | | | Date of Legal Adoption (mm/dd/yyyy) | | | | | |
| **Section II. Expenses Necessary for Adoption Finalization** | | | | | | | | | | | | | | | | | | | | | | | |
| **Expense** | | | | | | | | | | **Amount** | | **Expense** | | | | | | | | | | | **Amount** |
| **Attorney Fees**  *Attach a copy of the original itemized bill on attorney’s letterhead.* | | | | | | | | | | $ | | **New Birth Certificate(s)**  *If obtained from a state other than Wisconsin, attach a copy of the receipt or cancelled check.* | | | | | | | | | | | $ |
| **Adoption Agency Services**  *Attach a copy of the original itemized bill on agency’s letterhead.* | | | | | | | | | | $ | | **Court Fees**  *Attach a copy of the original itemized bill.* | | | | | | | | | | | $ |
| **Medical Exam for Adoptive Family (if required for adoption)**  *Attach a copy of the original itemized bill.* | | | | | | | | | | $ | | **Adoption-related Training Costs**  *Attach a copy of the original bill and documentation showing the name/subject and date of the class.* | | | | | | | | | | | $ |
| **Lodging (one room per night)**  *Attach original itemized bill.*   * Number of persons overnight: * Relationship of persons to adopted child(ren): | | | | | | | | | | $ | | **Miscellaneous Expense(s) Requested by Social Worker**  *Attach a copy of the original itemized bill(s).*   * Provide a brief explanation of the expense(s) and why they were necessary for adoption finalization: | | | | | | | | | | | $ |
| **Section III. Mileage and Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| **TRAVEL 1** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Travel (mm/dd/yyyy) | | | | Purpose of Travel *(include why it was necessary for adoption finalization)* | | | | | | | | | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | | | | | | | | | | |
| From (City) | | | | | | To (City) | | | | | | | | Departure Time  AM  PM | | | | | Arrival Time  AM  PM | | | Mileage (Roundtrip) | |
| Additional Mileage – document any side trips, including their purpose and approximate mileage, made within the round trip. | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| *Meal* | | | | | *Total Cost of Meal* | | | | | *Family Members Who Ate the Meal (Check all that apply)* | | | | | | | | | | | | | |
| Breakfast | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Lunch | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Dinner | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| **TRAVEL 2** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Travel (mm/dd/yyyy) | | | | Purpose of Travel *(include why it was necessary for adoption finalization)* | | | | | | | | | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | | | | | | | | | | |
| From (City) | | | | | | To (City) | | | | | | | | Departure Time  AM  PM | | | | | Arrival Time  AM  PM | | | Mileage (Roundtrip) | |
| Additional Mileage – document any side trips, including their purpose and approximate mileage, made within the round trip. | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| *Meal* | | | | | *Total Cost of Meal* | | | | | *Family Members Who Ate the Meal (Check all that apply)* | | | | | | | | | | | | | |
| Breakfast | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Lunch | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Dinner | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| **TRAVEL 3** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Travel (mm/dd/yyyy) | | | | Purpose of Travel *(include why it was necessary for adoption finalization)* | | | | | | | | | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | | | | | | | | | | |
| From (City) | | | | | | To (City) | | | | | | | | Departure Time  AM  PM | | | | | Arrival Time  AM  PM | | | Mileage (Roundtrip) | |
| Additional Mileage – document any side trips, including their purpose and approximate mileage, made within the round trip. | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| *Meal* | | | | | *Total Cost of Meal* | | | | | *Family Members Who Ate the Meal (Check all that apply)* | | | | | | | | | | | | | |
| Breakfast | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Lunch | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Dinner | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| **TRAVEL 4** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Travel (mm/dd/yyyy) | | | | Purpose of Travel *(include why it was necessary for adoption finalization)* | | | | | | | | | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | | | | | | | | | | |
| From (City) | | | | | | To (City) | | | | | | | | Departure Time  AM  PM | | | | | Arrival Time  AM  PM | | | Mileage (Roundtrip) | |
| Additional Mileage – document any side trips, including their purpose and approximate mileage, made within the round trip. | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| *Meal* | | | | | *Total Cost of Meal* | | | | | *Family Members Who Ate the Meal (Check all that apply)* | | | | | | | | | | | | | |
| Breakfast | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Lunch | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Dinner | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| **TRAVEL 5** | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Travel (mm/dd/yyyy) | | | | Purpose of Travel *(include why it was necessary for adoption finalization)* | | | | | | | | | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | | | | | | | | | | |
| From (City) | | | | | | To (City) | | | | | | | | Departure Time  AM  PM | | | | | Arrival Time  AM  PM | | | Mileage (Roundtrip) | |
| Additional Mileage – document any side trips, including their purpose and approximate mileage, made within the round trip. | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
| *Meal* | | | | | *Total Cost of Meal* | | | | | *Family Members Who Ate the Meal (Check all that apply)* | | | | | | | | | | | | | |
| Breakfast | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Lunch | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| Dinner | | | | | $ | | | | | Adoptive Parent 1 | | | | | Adoptive Parent 2 | | | | | | Adoptive Child(ren) | | |
| **Section IV. Additional Comments / Expenses** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Section V.** **Signatures** | | | | | | | | | | | | | | | | | | | | | | | |
| I verify that the expenses listed above, and on any additional pages, were reasonable and necessary costs that directly related to the legal adoption of the child(ren) listed on page 1, who has / have (an) active Adoption Assistance Agreement(s). The reported expenses were incurred by the adoptive parent(s) and are not in violation of state or federal law. No reimbursement has been made from other sources or funds. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  |  | | | | | | |
| **SIGNATURE** – Adoptive Parent 1 | | | | | | | | | | | | | | | |  | Date Signed | | | | | | |
|  | | | | | | | | | | | | | | | |  |  | | | | | | |
| **SIGNATURE** – Adoptive Parent 2 | | | | | | | | | | | | | | | |  | Date Signed | | | | | | |
| **Submit the completed, signed request and attachments via mail or email to:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Mail:** | | DCF / DSP / BPOHC  Adoption Assistance Program  P.O. Box 8916  Madison, WI 53708-8916 | | | | | | | | **Email:** | DCFAdoptionAssistance@wisconsin.gov | | | | | | | | | | | | |

**Additional Instructions & Supporting Documentation**

**Section II. Expenses Necessary for Adoption Finalization**

* **Attorney Fees:** Attach a copy of the original, itemized bill on attorney’s letterhead showing only the costs related to the adoption.
* **Birth Certificate(s):** List the total amount spent to obtain birth certificates from outside of Wisconsin. Enclose a copy of the original receipt or cancelled check(s).
* **Adoption Agency Fees:** Attach a copy of the original, itemized bill on the agency’s letterhead.
* **Court Fees:** Attach a copy of the original receipt from the court. If the charge was $10.00 or less, you may submit a copy of your check.
* **Medical Examinations for Adoptive Family (if required for adoption):** Attach a separate, itemized bill for each family member for whom an adoption-related exam was completed. Submitted bill(s) should:
  + Be itemized, including only expenses related to a one-time medical exam completed as a requirement for adoption.
  + List the medical provider’s name and address.
  + Reflect any discount offered by the medical provider.
  + Indicate the amount of the bill that was covered by insurance, if applicable (bills must be submitted to insurance prior to submission for reimbursement)
  + Indicate the amount applied to your deductible, if applicable.
  + Indicate the remaining amount of the bill to be paid.
* **Adoption-related Training Costs:** Attach the original bill and documentation showing the name/subject and date of the training.
* **Lodging:** If a lodging expense was incurred, attach the original hotel or motel receipt showing the number of people who stayed in the room. Reimbursement can be made up to the state rate, plus applicable sales tax. Reimbursements can be made for only one room and only for the adoptive parent(s) and child(ren) being adopted. Reimbursement cannot be made for movies, telephone calls, game rentals, room service, or any other additional expenses.
* **Miscellaneous Expense(s) Requested by Social Worker:** Additional costs necessary for the finalization of adoption may be reimbursable. For a list of commonly reimbursed miscellaneous expenses, see [Adoption Assistance: One-Time Expense Reimbursement (DCF-P-PFS0747)](https://dcf.wisconsin.gov/files/publications/pdf/0747.pdf). We can **NOT** reimburse for the following:

|  |  |  |
| --- | --- | --- |
| * + Travel costs for relatives, friends, and siblings (unless verified as required for adoption)   + Alcohol or alcohol related beverages   + Attorney costs for estate planning   + Home remodeling, furniture, or repairs   + Medical expenses other than required medical exams | * + Veterinary expenses   + Lost or stolen items   + Cancellation charges or late checkout charges at hotels   + Lost wages due to adoption-related commitments | * + Copies of adoptive parent(s) birth certificate(s) or marriage license   + Birth mother’s medical bills or trip expenses   + Personal expenses such as toys, clothes, parties, entertainment, photos, etc.   + Childcare costs |

**Section III. Mileage and Meal Expenses**

For each trip that was necessary for adoption finalization, provide a brief explanation of the purpose the trip and details about your departure, destination, and return. Document any additional trips made within the larger round trip and explain why the additional trips were necessary. Mileage reimbursement will be made at the current state rate.

Meal expenses for the adoptive parent(s) and the child(ren) being adopted are reimbursable up to the current state rate. Tips may be reimbursable. Trip departure and return times determine which meals are reimbursable, subject to state guidelines. For breakfast to be reimbursed, depart before 6:00 AM and return after 10:30 AM; for lunch, depart before 10:30 AM and return after 2:30 PM; for dinner, depart before 3:00 PM and return after 7:00 PM.

**Questions about completing the form?**

Contact the Adoption Assistance Program at (866) 666-5532, or email DCFAdoptionAssistance@wisconsin.gov.