



## ADOPTION ASSISTANCE PROGRAM Application and Agreement Form

### Eligibility

Employees who are regularly scheduled to work 20 or more hours per week who legally adopt a child, under the age of 18, may be eligible to receive up to \$5,000 to assist with adoption expenses.

Documented expenses will be covered for a single child adoption (the child must not be your or your spouse's natural born child) up to a maximum of \$5,000 per family for an employee working 30-40 hours per week. Employees working 20-29 hours per week will be covered for a single child adoption (the child must not be your or your spouse's natural born child) up to a maximum of \$2,500 per family.

Documented expenses for the simultaneous adoption of two children will be covered up to a maximum of \$10,000 per family for full-time employees and \$5,000 part-time employees. Although this benefit is non-taxable for both federal and state withholdings, it is subject to FICA withholdings.

### Eligible Expenses

Examples of reimbursable expenses include:

- Reasonable and customary public and private agency fees permitted or required under the law of the state having jurisdiction over the adoption.
- Reasonable and customary legal and court fees
- Reasonable and customary fees for medical and hospital services provided to the child, the natural mother or adoption parents, including immunizations
- Transportation and lodging fees associated with the adoption
- Temporary foster care charges

### Procedures

- Complete Adoption Assistance Application with appropriate documentation attached. Itemized receipts may be submitted up to six (6) months after the placement of the child.
- Return forms to: HR Service Center, Phipps 455

Reimbursement will be made through the payroll system as part of the bi-weekly payroll as an expense reimbursement. Please allow up to four (4) weeks for payment.

Contact the Benefits Office, Phipps 455 or 410-955-6208 with any questions regarding the assistance program.



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A separate application must be completed for each adopted child. If both parents are employed by JHHSC/JHH, each must complete an application and submit both to the Benefits Office at the same time.

### Employee Information

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

### Child Information (attach legal documentation)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

### Expenses (attach itemized receipts)

Description of Incurred Expenses	Incurred Expense Amount
_____	_____
_____	_____
_____	_____
_____	_____

I certify that I have read and understand the Application Agreement and have provided accurate information. I further certify that I am benefit eligible and an employee in a good standing.

Employee Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Date: \_\_\_\_\_

#### *HR Use Only*

JHHSC \_\_\_\_\_ JHH \_\_\_\_\_ Amount paid to employee: \_\_\_\_\_

HR Approval: \_\_\_\_\_