

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
ADOPTION SUBSIDY AND NON-RECURRING ADOPTION EXPENSES AGREEMENT

Non-Recurring Adoption Expenses Reimbursement Form

This form is to be completed after finalization of the adoption. Documentation of all non-recurring expenses being claimed must be submitted by the adoptive parent(s) prior to payment and within two years of the final decree. Payment will be made as a one-time payment after all receipts are received, and the amount for the payment may not exceed the maximum level set by the NYS Office of Children and Family Services (OCFS) of \$2,000 per child.

Child's Full Name before Adoption: _____
LAST: FIRST:

Child's CIN # before Adoption: _____

Adoptive Parent(s) Names: _____

Date of Final Decree of Adoption: _____ / _____ / _____
(MONTH/ DAY YEAR)

Non-Recurring Expenses must be reasonable and directly related to the adoption. Receipts must accompany all reimbursement requests. Attach additional page if necessary.

A. Services provided and paid for by Adoptive Parent(s):	
SERVICE	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Payment to adoptive parent(s):	\$

B. Legal and other services by attorney:	
SERVICE	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
Payment to Attorney:	\$
Total Amount (A+B):	\$

_____ / _____ / _____
 SOCIAL SERVICES DISTRICT OFFICIAL'S SIGNATURE DATE(MONTH/DAY/YEAR)

APPROVED

DISAPPROVED