

**Saint Louis University
Adoption Assistance Request Form**

Complete all items below and return with itemized receipts, in U.S. dollars, and a certified copy of the adoption placement decree or court order to the University Benefits office, 3545 Lindell Boulevard, Wool Center, 1st Floor.

Agency or Non-stepchild Adoptions

I am applying for financial reimbursement for an adoption, confirming that _____
(Child's Name)
whose birth date is _____, was placed in my home for the purpose of adoption on _____. The date
(Child's Birth Date) (Date)
for adoption finalization is _____. I certify that this is a request for reimbursement of allowable expenses
(Date)
under the Saint Louis University adoption reimbursement program, and that I have not received assistance under this program during the past 12 months.

Adoption of Stepchild or Blood Related Child

I am applying for financial reimbursement for the adoption of the child, _____
(Child's Name)
whose birth date is _____, confirming that the date of adoption finalization is on _____. I certify
(Child's Birth Date) (Date)
that this is a request for reimbursement of allowable expenses for a stepchild or blood related child adoption under the Saint Louis University adoption reimbursement program, and that I have not received assistance under this program during the past 12 months.

All Applicants for Adoption Reimbursement

Eligible Adoption Expenses:

Date Paid	Amount	Description	Date Paid	Amount	Description
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Reimbursement Amount Requested \$ _____

Employee Name (please print): _____ Social Security Number: ____ - ____ - ____

Department: _____ Work Telephone Number: _____

(Signature of Employee)

____/____/_____
(Date)

(Signature of Benefits Representative)

____/____/_____
(Date)

Due to the complexity of potential adoption benefit requests, the University's determination on any questions concerning the interpretation and application of the Adoption Assistance policy, including the amount of the benefit, shall be controlling.