

# ADOPTION PROMOTION PROGRAM FUND REIMBURSEMENT FORM

<b>NAME OF AGENCY</b>	<b>NAME OF PREPARER</b>	<b>PREPARER'S TELEPHONE</b> (    )	<b>PREPARER'S EMAIL</b>
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CHILD'S INFORMATION				SIS IDENTIFICATION NUMBER										DATE OF DECREE OF ADOPTION	IF SHARED, GIVE NAME OF OTHER AGENCY	AMOUNT OF PAYMENT RECEIVED FROM OTHER SOURCE(S)	AMOUNT OF PAYMENT REQUESTED	CHILD'S SPECIAL NEEDS
NAME	CUSTODIAL COUNTY NUMBER	AGE	RACE															
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

### CERTIFICATION

I certify that the above adoption services were provided in compliance with Adoption Promotion Program Fund guidelines and have been documented as required.

Signature of Authorized Official: \_\_\_\_\_ Print Name: \_\_\_\_\_

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