

**DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
REIMBURSEMENT REGISTRATION FOR ADOPTION EXPENSES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1052, 14 U.S.C. 514, 42 U.S.C. 673 (c), and E.O. 9397.

**PRINCIPLE PURPOSE(S):** Used for reviewing, approving, accounting and disbursing adoption reimbursement. The Employ ID (EMPLID) number is used to maintain a numerical identification system for individual claims and tax reporting purposes.

**ROUTINE USE(S):** To substantiate claims for adoption reimbursement.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

**SECTION I - MEMBER INFORMATION**

|  |   |   |  |
|--|---|---|--|
| 1. NAME OF MEMBER <i>(Last, First, Middle Initial)</i>   |   | 2. EMPLID <i>(Employee Identification Number)</i> |  |
| 3. PAY GRADE   | 4. EXPIRATION OF SERVICE DATE<br>(YYYYMMDD) | 5. WORK PHONE NO.                                 |  |
| 6. CORRESPONDING ADDRESS <i>(Include 9-digit ZIP Code and Apartment Number, if applicable)</i> |   | 7. HOME PHONE NO.                                 |  |
|  |   | 8. UNIT   |  |
| 9. ANY PREVIOUS REIMBURSEMENT CLAIMED FOR CURRENT CALENDAR YEAR <i>(Check one)</i>             | <input type="checkbox"/> Yes                | 10. EMAIL ADDRESS                                 |  |
|  | <input type="checkbox"/> No                 |   |  |

**SECTION II - SPOUSE INFORMATION**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 11. IS SPOUSE A MEMBER OF THE ARMED FORCES <i>(Check one)</i>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. IF YES, NAME OF SPOUSE <i>(Last, First, Middle Initial)</i> | 13. EMPLID                   |                             |

**SECTION III - ADOPTION INFORMATION**

|                                      |   |   |   |
|--------------------------------------|---|---|---|
| 14. DATE OF HOME STUDY<br>(YYYYMMDD) | 15. DATE CHILD PLACED IN HOME<br>(YYYYMMDD) | 16. DATE ADOPTION FINALIZED<br>(YYYYMMDD) | 17. STATE OR COUNTRY WHERE THE ADOPTION FINALIZED |
|--------------------------------------|---|---|---|

18. NOTES:

- a. Members on active duty less than 180 consecutive days are not eligible for adoption reimbursement.
- b. Reimbursement of adoption expenses may be paid only after the adoption is final. Members who leave active duty before the final adoption decree is granted are not entitled to reimbursement.
- c. Reimbursement claims must be submitted no later than 1 year (365 days) after adoption is finalized. Failure to do so will result in loss of benefits.

|  |                              |                               |                                 |
|--|------------------------------|-------------------------------|---------------------------------|
| 19. NAME OF ADOPTED CHILD <i>(Last, First, Middle Initial)</i> | 20. DATE OF BIRTH (YYYYMMDD) | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
|--|------------------------------|-------------------------------|---------------------------------|

21. ADOPTION ARRANGED BY *(Documentation attached) (Check one)*

- a. A state or local government agency.
- b. A non-profit adoption agency that is authorized by state or local law to place children for adoption.
- c. Other source authorized by state or local law to place children for adoption.

22. EXPENSES INCURRED *(Complete as applicable and attach documentation)*

|  |    |
|--|----|
| a. Public and private agency fees.   | \$ |
| b. Temporary foster care charges when such care is required before the placement of the child.   | \$ |
| c. Legal fees, including court costs.  | \$ |
| d. Medical expenses, including hospital expenses for the newborn infant, for medical care furnished the adoptive child before the adoption, and for physical examinations of the biological mother of the child to be adopted. | \$ |
| e. Placement fees, including fees charged adoptive parents for counseling.   | \$ |
| f. Expenses relating to pregnancy and childbirth for the biological mother, including counseling and maternity costs.  | \$ |
| g. Subtotal of expenses listed above <i>(Items 22.a. through 22.f.)</i>  | \$ |
| h. Amount of reimbursement previously applied for and/or received under any other adoption benefits program administered by the Federal government or under such program administered by a State or Local government.          | \$ |
| i. Total expenses <i>(Subtotal (Item 22.g.) minus any reimbursements in Item 22.h.)</i>  | \$ |

**SECTION IV - SERVICE MEMBER CERTIFICATION**

I certify that the above information and expenses are true and correct to the best of my knowledge. I understand and agree that reimbursement is limited to no more than \$2,000 per adopted child, with a maximum reimbursement of \$5,000 in any calendar year to a member, or couple where both spouses are active duty service members. I agree not to seek further reimbursement under this program for the adoption of this child.

|  |                    |                        |
|--|--------------------|------------------------|
| 23. MEMBER'S NAME <i>(Last, First, Middle Initial)</i> | MEMBER'S SIGNATURE | DATE SIGNED (YYYYMMDD) |
|--|--------------------|------------------------|